Division_of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10927 CERTIFICATE OF DEATH ve corban papers. Pages 1 and 2 event, within 72 haurs ofter death law requires that the death certificate_becereted within 24 hours after death completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH Baltimore o. COUNTY o. STATE Maryland h. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 3507 Richmond Avenue St. Joseph Hospital YES NO T Middle 4. DATE Month NAME OF First Year DECEASED Catherine Albert 10 19 66 August DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours White Female ond in any WIDOWED DIVORCED 2-8-12 physician ond 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY ? Baltimore. Md. Machine Operator Western Eled 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova Rxx Charles Neilson signed by the attending phy burial-transit permit. Then Mary Grasser 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 3-05-5549 Edward Albert, husband, above INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Hemorrhage IMMEDIATE CAUSE (o) _ DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be retained by the haspital or attending has been lost. use os 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO Carcinoma of Lungs. this certificate for 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. of work of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram Aug. 9, 1966, Ata Aug. 10, 1966, that (I) (we) last saw the deceased alive an Aug. 10, 1966, and that death accurred at 5:50 M, fram causes and an the date stated abave. 19 66, that (I) (we) last saw the deceased alive an Aug. 10 22o. SIGNATURE Aug. 10,1966 MED. OIRECTOR **ATTENDING** Whan M.D. PHYS hoons 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road Choong Jin Whang - 21204 director, shauld be 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL CREMATION. REMOVAL (Specify) 8/13/66 Lorraine Mausoleum Baltimore. Md Schimunek Funeral Home, ADDRESS 3331 Brokens Landene, Inc. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10928 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Owings Mills vears Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pox 156 Bonita Avenue Box 156 Bonita Avenue YES NO X completely 3. NAME OF Middla DECEASED 19. 1906 Allen August (Type or print) Eleanor Mary Anna DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ast birthday) April 12. Female WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retirad) Baltimore County, Md. Housewif'e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sherman Lookingbill Sarah Redding Charles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Bonita Ave. (Yas, no, or unkown) | (If yas giva war or dates of servica) 7-20-5600 Mr. Wm. H. Allen, Sr. Owings Mills, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which gave rise to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO NO 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, (County) (Stata) Month, Day, Yaar 20f. (City or town) factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work et work (1) (this hospital) attended the deceased from March 5, 1966, to Account 1966, that (1) (we) last saw the deceased alive on the 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. death. Page O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) director, I 23a. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) Manchester, Maryland Manchester Cemetery 258. REC'D BY REGISTRAR 256. REGISTANE'S SIGNATURE LAS 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) Mills, Md. DATE Owings 1966 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

Francis is ourself all Loos Little Pro-Earlie - 021 xel primat sairel Sission Anna Mary Allon Command 19, 7156 The ESEL SI ALERA TO THE OWN TO ANALY A LOS ASSET Delighmore Comer, Mc. . T. S. A. nathing days? STIEST STIEST OF THE RELIGIOUS STATES STATES 22/26 I senenesbon Cerobory of Mesocestes, Maryline The transfer of the contract o

		v v
		2010
grant to Enti	the proof (UE)	
	pLibrary avec 1	
		atistical access mose access
	torgus sub- arustisa beyt	
	Tells seek, ringe in	of title of etc.
	Sary lend	and the state of t
	Bintines Allena	
	Train 1 1218 14 Year 1 Train	S-V-Vernous
ac.la	at Lives to a resident de la mazione ha re l'est	
	caregin making encourage diposates	Charles Translation
	erayar and beelforement a terminer	madak Para In
	and seems to the seems of	A Committee of the Comm
30-27-B	TALL DID'TS OF THE STATE OF	
05212 0GA	enc verification	Stelling Auguster.
agent series		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12264 CERTIFICATE OF DEATH 10930 law requires that the death certificate be executed within 24 haurs after death pup death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE
MARYLAND b. COUNTY BATITIMORE MARYLAND ANNE ARUNDET b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b DAYS FORT HOWARD DAVIDSONVILLE d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO XX VETERANS ADMINISTRATION HOSPITAL ROUTE 214 3. NAME OF DECEASED (Type or print) First 4. DATE remave carban Lost Manth Doy Year the attending physician and campletely sit permit. Then please remove carban AUGUST ST 20 IF UNDER 1 YEAR THOMAS ASHTON DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED AUGUST 19. 1893 WHITE 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
OFFICE WORKER 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY PLYMOUTH, PENNA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS ASHTON EISTE KRATZER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL WW CLINICAL RECORDS FORT HOWARD. YES MARYTANI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN DAYS burial-transit PART I. DEATH WAS CAUSED BY SHOCK IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) GENERALIZED PERITONITIS 3 DAYS rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending this certificate has been last. (d) INTESTINE OBSTRUCTION WITH PERFORATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NOVY 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached shauld be filed with the State Dept. at (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Haur a.m. factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After at wark 2). I certify that MY(this hospital) attended the deceased fram AUGUST 12 , 19 66, to AUGUST 20, 19 66 that MY(we) last saw the deceosed alive on AUGUST 20 19 66 and that death occurred oth 20P M, from couses and on the date stated above. 22a. GIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** Te MD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND EDILEERTO L. ANONUEVO, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) ARLINGTON NATIONAL CEMETERY ARLINGTON Burial 250. REC'D BY REGISTRAR
DATE 7 191 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 257 S. Conkling St Bunch. VR A15 (4) 20 M 1/66 1966 Charles Zannino Funeral Home Baltimore, Maryland

*()\$\$1		38,00
	admirine and their	SUR
	SUNDINGENE STATE 6	CADAR DRIV
	APTERIOR - APTERIOR	ozjulostkoma alkendari
os man	48 1 annez	ALDER CO.
1	28 E , 22 7-2004 Mary 25 93	THE STEEL STAN
	Affice Liver Miles Liver States	1.05 /4 1020 15
ONT OF BUILDING	Light Batte State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TO THE PROPERTY OF THE PROPERT		
Market Leave 1994	double the second	
100 A 60 A	THE CONTRACT OF THE CONTRACT O	remoti (paraji) apino

	PLACE OF DEATH	li	2. USUAL RESIDEN	CE (Where dace	eased lived, If	institution: Ra	sidance bafore adm	mission
	a. COUNTY Baltimore MARY		a. STATE		b. COUN	ITY		
-	b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STA		Mary La		ata limits, writz	Baltim		
	write RURAL and giva nearast town)		The same of the same				/	
	Parkville 21234 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addresses)	l les	d. STREET ADDRESS	.11e 212	34		e. IS RESTI	DENIC
		192)					ONAF	FARM
3	8739 Littlewood Rd.			ittlewo				10 X
٠.	DECEASED		Last	4. DATE OF	Month	h	Day Yaar	
	(Type or print) JOHN G. AU	BACH		DEATH	Augus		7 1966	
٥.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIES	D □ B.	DATE OF BIRTH	9.	AGE (In years last birthday)			4 HRS. Min.
	Male Caucasian WIDOWED X DIVORCEE	1 27	pril 23, 188	35	81 yrs.		110013	/+1/11.
10a	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if relired)	INDUSTRY	11. BIRTHPLACE (Cour	nty & Stata, or fo	raign country)	12. CITIZ	EN OF WHAT CO	UNTR
	salesman Oil produc	ets	Maryland			II.	S.A.	
	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
	Wm. H. Aulbach		Monro	Gebele	in			
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	D. 17. II	NFORMANT	GONOTO	Address			
(14	s, no, or unkown) (lfyesgivawarordatesofservica) no 215-07-2770	Tol	m H. Aulbac	h Can	8729 T.	ttlewo	od Rd.	
_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c	1 00	mi Hurbac	LIL DITO		. 002.0110	INTERVAL BETW	EEN
		1.1						
	PART I, DEATH WAS CAUSED BY:)+l	0.	. 0			ONSET AND DEA	ATH
	IMMEDIATE CAUSE (a)	chung	any Oca	lusin	1		ONSET AND DEA	ATH
	IMMEDIATE CAUSE (a) DUE TO	A	any Oce	lusion	1 		ONSET AND DEA	ATH _
	IMMEDIATE CAUSE (a)	A	therooc	lesin	j		ONSET AND DEA	ATH
	Conditions, if any, which gava rise to immediata causa (a), stating tha undarlying	A	therooc	lesin	j T	A.	ONSET AND DEA	ATH
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	A	there och	lusion levon	i Enfo	L'		ATH
NOIL	Conditions, if any, which gava rise to immediata causa (a), stating tha undarlying	A	Trefated to the termination	lever Lever NAL DISEASE CO	Topon Give	VEN IN PART 1	(a) 19. WAS AUT	TOPS'
CATION	Conditions, if any, which gava rise to immediate causa (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	A H BUT NOT				VEN IN PART 1	(a) 19. WAS AUT	TOPS'
RTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY CONTRIBUTING CAUSE OF DEATH	A H BUT NOT				VEN IN PART 1	(a) 19. WAS AUT	TOPS'
L CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	H BUT NOT). (Enter nature of injury l	n Part I or Part II		ZEN IN PART 1	(a) 19. WAS AUT	TOPS
	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	H BUT NOT	D. (Entar nature of injury li	n Part I or Part II n, † 20f. (City o	of itam 1B.)	(Count	(a) 19. WAS AUT PERFORM YES NO	TOPS'
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	H BUT NOT). (Enter nature of injury l	n Part I or Part II n, † 20f. (City o	of itam 1B.)		(a) 19. WAS AUT PERFORM YES NO	TOPS
	DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 DUE TO (c) 20b. DESCRIBE HOW INJURY OR INJURY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	H BUT NOT	D. (Entar nature of injury li CE OF INJURY (Homa, far ory, streat, offica bldg., etc	n Part I or Part II	of itam 18.)	(Count	(a) 19. WAS AUT PERFORM YES NO	TOPS WED?
	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19 21. Certify that (1) (this hopital) altended the deceased	H BUT NOT	CE OF INJURY (Home, farry, street, office bldg., etc.	n Part I or Part II	of itam 18.)	(Count	(a) 19. WAS AUT PERFORM YES NO (y) (SI	TOPS (MED? O Latate)
	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19 21. Certify that (1) (this hopital) altended the deceased	H BUT NOT	D. (Entar nature of injury li CE OF INJURY (Homa, farr cry, streat, offica bldg., etc	n Part I or Part II	of itam 18.)	(Count	(a) 19. WAS AUT PERFORM YES NO (y) (SI	ATH TOPS WED? O [
	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. Certify that (1) (this hostile) attended the deceased saw the deceased alive on	H BUT NOT	CE OF INJURY (Homa, fare pry, streat, office bldg., etc.) death occurred at	n Part I or Part II n, 20f. (City of 196.) 196. to	of itam 18.) or town) he causes a	(Count	(a) 19. WAS AUT PERFORM YES NO (b) (St. Control of the stated all all all all all all all all all al	TOPS: webone
	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19 21. Certify that (i) (this hopital) altended the deceased saw the deceased alive on 19	H BUT NOT	CE OF INJURY (Homa, farrory, streat, offica bldg., etc.	n Part I or Part II n, 20f. (City of 196)	of itam 18.) or town) he causes a	(Count	(a) 19. WAS AUT PERFORM YES NO (b) (St. Control of the stated all all all all all all all all all al	TOPS' WED? O Latate) DATE
	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating tha undarlying Causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19 21. Certify that (htris hospital) attended the deceased saw the deceased alive on 19 ba., at 22a. SIGNATURE	H BUT NOT	CE OF INJURY (Homa, farrory, streat, office bldg., etc.) death occurred at ATTENDING PHYS. 22d. ADDRESS	n Part I or Part II n, 20f. (City of 196.) 196. to	of itam 18.) or town) he causes a	(Count , 196 and on the	(a) 19. WAS AUT PERFORM YES NO (b) (St. Control of the stated all all all all all all all all all al	TOPS WED? O Late Late DATE SIGN
MEDICAL	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING (c) 20b. DESCRIBE HOW INJURY OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work at work. 21. I certify that (i) (this hostile) attended the deceased saw the deceased alive on 19 5a, at 22a. SIGNATURE	H BUT NOT	CE OF INJURY (Home, farrory, streat, office bldg., etc.) death occurred at ATTENDING PHYS. 22d. ADDRESS Unive	Part I or Part II 20f. (City of 196.) 196. to MED. DIRECTOR DEPTISELY H	of itam 18.) or town) he causes a STAFF PHYS.	(Count 196e and on the	(a) 19. WAS AUT PERFORM YES NO (b) (SI c), that (1) (m) date stated al 22b. I	TOPSS WED? tate) bove DATE SIGN
MEDICAL	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating tha undarlying Causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19 21. Certify that (1) (this hopital) altended the deceased saw the deceased alive on p.m. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typa)Robert Singleton, MB.	H BUT NOT	CE OF INJURY (Homa, farrory, streat, offica bldg., etc. ATTENDING PHYS. 22d. ADDRESS Unive	n Part I or Part II n, 20f. (City of 1966) to	of itam 18.) or town) he causes a STAFF PHYS. OSpital	(County)	(a) 19. WAS AUT PERFORM YES NO (b) (SI c), that (1) (m) date stated al 22b. I	TOPSS web?
WEDICAL WEDICAL	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19 21. I certify that (I) (this hospital) aftended the deceased saw the deceased alive on 19 by, at 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typa) Robert Singleton, MD. 3. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) DUITIAL 8-10-66 1. DURON	H BUT NOT	ce of injury (Homa, farry, streat, office bidg., etc. death occurred at Attending PHYS. 22d. Address Unive	n Part I or Part II n, 20f. (City of 196.) 196. to	of itam 18.) or town) he causes a STAFF PHYS. OSPITAL TION (City, to	(County) Md.	(State	TOPSS WED? tate) bove DATE SIGN
WEDICAL	DUE TO Conditions, if any, which gava rise to immediate causa (a), stating tha undarlying Causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19 21. Certify that (1) (this hopital) altended the deceased saw the deceased alive on p.m. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typa)Robert Singleton, MB.	H BUT NOT	D. (Entar nature of injury live) CE OF INJURY (Homa, farrory, streat, offica bldg., etc. 3.30	n Part I or Part II n, 20f. (City of 1966) to	of itam 18.) or town) he causes a STAFF PHYS. OSPITAL TION (City, to	(County) Md.	(a) 19. WAS AUT PERFORM YES NO. No., that (1) (modes stated al 22b. 1) imore, M. (State	TOPSS WED? tate) bove DATE SIGN

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10921 10932 CERTIFICATE OF DEATH y filled in by the funeral on papers. Pages 1 and 2 vithin 72 hours offer death. deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY LTIMORE requires that the deoth certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) ESSEX d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM IVERSIDE YES NO 1 carbon NAME OF 4. DATE Day Year ysician and completely DECEASED ENTINE 1966 (Type or print) INE DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove last birthday) Months Doys Haurs 10-28-1880 DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? pleose MARYLAND HOUSE WORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN ENNING VNKNOWN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address signed by the attend (Yes, no, or unknown) (If yes give wor or dotes of service 0 NONL AUGHTER 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) INTERVAL BETWEEN ONSEJ-AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse hos been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING COLORED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Manth, Day, Year (City or town) (State) Haur a.m. factory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram OCT 1966, that (I) (we) last 1950, to AUG 31 be retained 726 1966, and that death accurred at 40A M, fram causes and an the date stated above. saw the deceased alive an oloc 22a, SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 10 TAYLOR director, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) BALTO. 1966 COUNTY MO LAWN ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Milane 1966 G. CONNELI MACE 3,00

1 14 5 PERSONAL PROPERTY OF THE PROPERTY OF THE PERSONAL PROPERTY OF THE PERSO

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10932 Items 8 & 9 Film G CERTIFICATE OF DEATH deoth. deoth. funeral ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND requires that the death certificate be executed within 24 hours ofter c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b Baltimore 21218 Towson d STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled in d. NAME OF HOSPITAL OR INSTITUTION (1) not in hospital, give street address) 1536 Sheffield Rd. YES NO St. Joseph Hospital 4. DATE Year DECEASED 19 66 Moses Nelson Barnes DEATH August (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove Months last bi thdoy) Hours ond in any White WIDOWED 1//10/83 Male 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) COUNTRY? attending physician opermit. Then please **INDUSTRY** Plumbing and Heatin Maryland Contractor 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol, Lamotte Florence Moses Barnes 16. SOCIAL SECURITY NO. 17 INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) 218-32-1286 Mr. N. Davis Barnes 300 Alabama Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Mail + inleads INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH Multiple pulmonary emboli. IMMEDIATE CAUSE (o) DUF TO signed ! Early gangrene of both lower extremities. Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse as the prior to b Page 4 may be retained by the hospital or ottending has been Saddle thrombus of the aorta. 19. WAS AUTOPS!
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed for use Diabetes mellitus. YES X NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this hospitol) attended the deceased fram August 11 , 1966, to August 121966, that (I) (we) last director, page 3 should should be filed with the sow the deceased alive on August 12 1966, and that death accurred at 1.30 M from causes and an the date stated abave. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. August 13, 1966 M.D. 22d, ADDRESS 7620 York Rd., Baltimore, Md. 21204 NAME (Type) Lawrence F. Misanik, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23o. BURIAL CREMATION. REMOVAL (Specify) Towson, Md. Dulaney Valley Mem. Garden 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966

2	- 1	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYI AND
	= = =)		10934 CERTIFICATE OF DEATH	10923
	after death. the funeral ges 1 and 2 after death.	1.	a COUNTY LACTUMALE COUNTY 1101	Residence before admission
	the fes bafter		RANDALLSTOWN MARYLAND MARYLAND B. COUNTY	Homere
		8	b. CITY OR YOWN (if outside corporate limits, write RURAL and give percess fown) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give percess fown)	and give nearest town
	24 hours filled in by apers. Pagent n 72 hours	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	T 0.=		Batto. County general Hospital 2207 St. LUKES LA	ON A FARM?
	completely ve carbon ve event, with	3.		Day Year
		-	(Type or print) CLANCHE E. DHRNET BEATH 8	20 1966
		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1877 9. AGE (In years IFUNDER Months) Months	1 YEAR FUNDER 24 HR Days Hours Min.
	execu n and remo	10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
	sician sician and in	du	DETILED Working life, even If retized) INDUSTRY MARYLAND	CITIZEN OF WHAT OUNTRY?
	4-5	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	VALUE S	15	CHARLES BALNETT 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Prof.	m2
	death ce ne attend permit. tion, or re	Ŕ	5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	WHORT HON
	de de de		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	H . Sist		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopyrellemonic	ONSET AND DEATH
	hysician. Signed by urial-trans urial, cren		4500 DUE TO Q	
	ing physician ing physician seen signed be burial-trar to burial, cre		gave rise to immediate (b) Alunalerus Collections	
	requirenting properties of the bior to be		cause (a), stating the DUE TO Clepone heart Faclus	
	atten atten e has se as th pric	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	4: The last or as ificate for use Health	FICA	One Application (INDEDITION OF THE APPLICATION OF T	YES NO
		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1.)
	HYS the h this etac Dep		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Con	unty) (State)
	d by the After 1 State	MEDICAL	Hour a.m. p.m. While Not While at work at work factory, street, office bidg., etc.)	
				(I) (we) las
	OR ATTENION OF PERSONS	-	saw the deceased alive on 200 19 (cf., and that death occurred at A. M, from the causes and on t	the date stated above DATE SIGNED
	OR DIRE		M.D. PHYS. DIRECTOR PHYS.	Q-20-66
		П	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
	Page 4 may Page 4 may FO FUNERAL director, pa should be fil	23		well) (State)
	Pa Parities	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town of to	(State)
	B	24		'S SIGNATURE
	VR A15 (4) 20M 1/65	2	Trank 91: Hearly, Orkery (8) DATE SEP 7 1966 gclian	res Judge
				6 4

The second that the second second second second second

109		N OF STAT				RECORDS		RESTO	N STRE		TIMOR	E 1, MAR	YLAND 1925
a. COU	OF DEATH INTY 1 t imon				N	TARYLAND	a. STAT				d, If Instit		nce before admission)
b. CIT	DR TDWN te RURAL a	N (if outside co and give neare	orporate limit est town)	ts, c	. LENGTH OF	STAY IN 1b		TOWN (If		rporate iin	nits, write	RURAL and	give nearest town)
		PITAL OR INST y Manor				eet address)	d. STREET		opplet	on St			ON A FARM? YES NO
3. NAME DECEA (Type	DF SED or print)	Ma	First rgaret		Middle M.		Last nnett		4. DATE DF DEAT		Month igust	3,	ay Year 1966
5. SEX Femal		6. COLOR OR White	RACE 7. MA	RRIED _			une 25.		4 9	AGE (In last bir 72	years IF thday) M	FUNDER 1 YEA Months Days	AR IF UNDER 24 HRS Hours Min.
10a, USUAL during mos		IDN (Give kind o						PLACE (Co	ounty & Stat			12. CITIZE COUNT U.S.A	RY?
13. FATH	ER'S NAMÉ						14. MOTHE	ER'S MAID			88	1 0.3.2	1.
15. WAS D (Yes, no, or	rman E ECEASEDEN Unkown)	Kruse VER IN U.S. ARI (If yes give war o	MED FORCES? r dates of service	()	CIAL SECURIT		INFORMANT		Wahaus		Address		
		DEATH [Enter of			-12-611 for (a), (b), a		alter H	H. Sta	alling	gs 108	S S	I IN	TERVAL BETWEEN NSET AND DEATH
Condit	331X tions, If a	IMMEDIATE (CAUSE (a) DUE TO (b) DUE TO	Lere	lnal	ne	mer	Irei				9	day
PARTI	Beo	IGNIFICANT CO	res -	ale	NG TO DEATH I	etun	R	- cu	in				9. WAS AUTDPSY PERFORMED? YES ND
정 20c.	THER, NOTI TIME OF IN Hour a.m.	IFY MEDICAL NJURY Month 1.	, Day, Year	While -	URY OCCURRE	D 20e. PLA facto	CE OF INJURY	Y (Home, fa	rm, 20f.	(City or t	own)	(County)	(State)
21.		y that (I) (thi eased alive i	s hospital) a	at work L	the deceas	cu mom	death DCCU		9 65, to		auses ar	nd on the d	that (I) (we) las
Peg	PHYSICIAN	Meli		dine	m,	М.С		NG C	MED. DIRECTOR	STAF PHYS	F	Jan	SIGNED
	NAME (Typ	pe) W/	DATE THEREO	OF I	23c. NAME	, , , , , , , ,	OR CREMATO	1 du	Lehun	OCATION	(City, tow	on or county)	(State)
REM	OVAL (Spec	clfy)	DATE THEKE	OI.									
	urial ERAL DIREC		6/66	1	Loudo		Cemete	ry 25a. REC	Bal	timor ISTRAR 2	e, Ma 25b. REG	aryland Sistrar's si	GNATURE

Parameter of the parame

main and the second of the sec

The The State and Same and the state of the

to each applicate to person out to some the court and

the Cook-Income on 1217 at 1840 St. 21802 - 1217

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1092610937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore 2, and 3 to PM3. Page o. STATE Maryland Baltimore b. COUNTY MARYLAND deloy b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Dundalk vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Office along with form hours 4132 Beachwood Road Res. 4132 Beachwood Road, YES NO RES 24 hours ofter death. 3. NAME OF First Middle 4. DATE Month Doy Year within 72 DECEASED EDWARD C. BERGMAN August 1-1966 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED TEX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost eirthdoy) Months Feb. 17-1908 Male White WIDOWED DIVORCED event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Lloyd Mitchell Co. Latvia .⊑ 13. FATHER'S NAME be executed within pencil 14. MOTHER'S MAIDEN NAME Henry Bergman Alice Kurd and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, of paknown) (If yes give wor or dates of service) 215-03-7995 removol, pending" permif Wife, Mrs. Elizabeth A. Bergman, #2,a,b,c,d. 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Hemonnhace ONSET AND DEATH -erebras 5 IMMEDIATE CAUSE (o) This certificate should e, writing the word forworded to the Cl buriof, cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a). (Cerelial DUE TO -5-C- Vstoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES NO ZEX 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW (Enter poture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection ... Inquiry and in my apinian Natural causes Accident director. Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 8-3-1966 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol 6800 Morning to Petro Min, toling toling **EXAMINER'S** Melvin B. Davis. M.D. Md. 21222 ro FUNE Health NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BREMOYAL (Specify) Baltimore, Maryland 21224 Aug. 5-1966 Oak Lawn 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTBAR'S SIGNATURA REC'D BY REGISTRAR lianles JOHN J. DUDA. Dundalk, Maryland 21222 VR A15ME (5)

1

The state of the state of the state of

e funeral directar, shauld be filed with

ter death. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

may be retained.

R: After this certificate has been signed by the ottending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

10938

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10927

3. NAME OF DECASED OTHO 3. NAME OF DECASED (Type or prim) 3. NAME OF DECASED (Type or prim) 3. SEX 4. GLOGO OF RACE 5. SEX 4. GLOGO OF RACE 5. SEX 5. SEX 5. SEX 5. GLOGO OF RACE 7. MARRIED (IN NEVER										1 7 2 /	7.
BSSEX d. NAME OF HOSPITAL (If not in hospital, give street address) 3. NAME OF HOSPITAL (If not in hospital, give street address) 3. NAME OF HOSPITAL (If not in hospital, give street address) 3. NAME OF HOSPITAL (If not in hospital, give street address) 3. NAME OF HOSPITAL (If not in hospital, give street address) 5. SEX 6. COLOR OR RACE 7. MARRIED N. BIDDISON 6. DATE Month Day Hospital Hospital		Baltimor	'e	MARYL	11	- CTATE					issian)
d. NAME OF HOSPITAL (If not in haspital, give street address) 3.10 Stillwater Avenue 4. DATE OF HOSPITAL (If not in haspital) 5. SEX 6. IS REA 3. OCIOR OR RACE First 7. Marrie DI N. BIDDISON 8. DATE OF BIRTH 9. ACE (In years lie LUNDER! YEAR IF	RURAL and give n	(If outside corporate limi nearest tawn)	ts, write	c. LENGTH OF STAY I	N 1b			prote limits, write R	URAL ond give	nearest to	wn)
3. NAME OF DECRASED (Type or print) OTHO N. BIDDISON A DATE DEATH A Magust OTHO N. BIDDISON A DATE OF BIRTH OF DEATH OTHO N. BIDDISON A Local Company A Local Company OTHO No. Company OTHO	d. NAME OF HOSPI OR INSTITUTION			ddress)		d. STREET ADDRESS		ater Aven	ue	ON	ESIDENCE A FARM?
S. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED Race 1. Mark No. 1. Mar	3. NAME OF DECEASED	Fir			BIDD	Last	4. DATE OF	Mon	th	Day 7	Year 1966
10. SUAL OCCUPATION (Give kind of work adone during most of working life, even if relired) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. AND THE STANDE 16. SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SE	Lucia III							9. AGE (tn years last birthdoy)	IF UNDER 1 Y		-
Retired Cab Owner Harford County, Maryland U. S. A Retired Cab Owner Harford County, Maryland U. S. A Retired Cab Owner Harford County, Maryland U. S. A Retired Carles Biddison I.4. MOTHER'S MAIDEN NAME Maryland U. S. A Retired Carles Biddison I.4. MOTHER'S MAIDEN NAME Retired Carles I.4. MOTHER'S MAIDEN NAME Retired I.4. MOTHER'S MAIDEN NAME Retire									10 CITIZEN	LOF MULA	7.50111.170
Charles Biddison Annie Bevins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. NO. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoling the under: (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS, PERFO YES OR CONTRIBUTING CAUSE OF DEATH (I) EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY MONTH, Day, Year Hour a.m. p.m. 19 DEATH OF INJURY MONTH, Day, Year No. 21. I certify that (I) (this hospital) attended the deceased fram. 22. SURVALUE OF DEATH HOUR a.m. p.m. 21. I certify that (I) (this hospital) attended the deceased fram. 22. SIGNATURE 23. BURIAL CREMATION, REMOVAL (Specify)	Retired	king life, even if retired				Harford C	ounty,				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17.	3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
No No No No No No No No		Charles Bid	disor			Annie :	Bevins		50.121		
No Mrs. Helen Biddison 340 Stillwater Avent Interval be on the form of t				OCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).					Mrs.	Helen Bid	dison	340 Sti	llwater	r Aver	nue
gove rise to immediate couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. PART 10. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 of work of	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	· C	Caduco			2	- To			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Medical EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County) 20f. (City or town) 20f. (County) 20f. (City or town) 20f. (County) 20f. (City or town) 20f. (City or tow	gove rise to couse (o), stating lying couse last.	the <u>under-</u> DUE TO)(apter us	eerõ	tu Vascu				~~~	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram 19.57 to 7, 19.6.6 that (I) (saw the deceased alive on 19.6., and that death occurred of A.M., from the couses and on the date stated 220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, PHYS. 230. DATE THEREOF REMOVAL (Specify) 230. BURIAL, CREMATION, PHYS. 230. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, PHYS. 230. DATE THEREOF PHYS. 230. NAME OF CEMETERY OR CREMATORY 231. DATE THEREOF PHYS. 230. LOCATION (City, town, or county) (Stot REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE	PART II. OT	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	'EN IN PART 1(PERI	S AUTOPSY FORMED?
21. I certify that (I) (this hospital) attended the deceased fram. 19.57. to	20a. ACCIDENT W. OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURRED. (I	Enter noture of injury i	n Port I or Po	rt II of item 1B.)			
saw the deceased olive on	20c. TIME OF INJUI Haur a. m. p. m.		While	Nat while	20e. PLACE factory	OF INJURY (Home, fo , street, office bldg., e	rm, 20f. (Cit	y or town)	(Cou	nty)	(Stat
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. Date thereof 23c. Name of cemetery or crematory 23d. Location (City, town, or county) 23d. Location (City, town, or county) 23d. FUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE			() 0								
NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	220. SIGNATURE	80	itl	METO E	M.D			STAFF PHYS.	0.4	8/21	326. DATE SIGNE
REMOVAL (Specify) Burial 8-10-1966 Orems Baltimore County, Marylan 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE		3.8	LATT	T. M. D		6-7	medie	el cente	s . E	٠٠٠٠	nd
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE	REMOVAL (Specify	1)			TERY OR C	REMATORY		timore Co	unty. N	(arv)	
Lilly & Zeiler Inc. 1901-07 Eastern Ave. DATE AUG 9 1966 Charles Just	24. FUNERAL DIRECTOR	R'S SIGNATURE	LUC !	ADDRESS	nn 8 m		C'D BY REGIS	TRAR 25b, REGI	STRAR'S SIGN	ATURE	

LATER A SHARE THE CONTROL OF THE CON

External Control Control Control

maintype Louis, Mary Mary and

Emercial	
	erout in
CINE months	n meut
Catalog Construct . Trail 1971	and wingston in
and the state of t	01
	of or we of other
ALTERNATION OF THE PROPERTY OF	
LWALEPORD TYMENIAN ORDER	
	LINE DE LE
Court A. A. Commercial	
all and the same of the same o	

ARYLAND STATE DEPARTMENT OF HEALTH

no ellebine PAULEA F CTO CESTORIE Pakyo., Or or Salours but the 196. Marke note 2/15 Telloold . I will products of the contract of th BRANCHER DE CARCINOMATORIS CANCELLA DANCE CANCELLA DE -93 -5 - 33-Property of the State of the St 11- P5 3 this composite and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. CDUNTY b. COUNTY LVO after MARYLAND b. CITY DR TOWN (if outside corporate limits. c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b write RURAL and give nearest town) hours MATONSVILLE CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? OAK DALE BUF NO YES death certificate be executed within completely 3. NAME DE Middle Last Day Month DECEASED VERONIC A ABNES 66 (Type or print) BOLDED DEATH 19 AUG 5. SEX 6. CDLOR DR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and co last birthday) Months I Davs Hours any WIDOWED X DIVORCED [0 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ARSE DECTORS CAFICE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITYND. INFORMAN Address (Yes, no, or unknwn) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. been Sight the burial, r DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) 98 WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? ND TH YES 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work retained v 21. I certify that (I) (this hospital pattended the deceased from and that death occurred at XPM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE MED. ATTENDING DIRECTOR M.D. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. director, p NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2 ruce FUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE 24. DATE 1/65

Special feet and a service THE REPORT OF CALL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 9 10942 requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Baltimore o. COUNTY b. COUNTY Md. Baltimore campletely filled in by the fundave carban papers. Pages 1 y event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nellows), Md. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) 5yrs. Parkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)
Towson Conv. Home d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO# 3. NAME OF Middle First Last 4. DATE Manth Day Year DECEASED (Type or print) Thompson Bosley Mary Aug. 29,1966 9. AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR 1 IF UNDER 24 HRS. S. SEX 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** lost birthday) Months Dovs WIDOWED # DIVORCED 8-25-88 physician and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. 8IRTHPLACE (County & Stote, or foreign country) during mast of working life, even if retired) Store COUNTRY? Hantford Co., Md. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, Joseph H. Thompson Kate Callery 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. William Albright. Monkton. Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL 8ETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician DUE TO Canditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse has been priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION af Health TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) 20e. PLACE OF INJURY (Hame, form, (Caunty) (State) Hour a.m. Not While factory, street, affice bldg., etc.) ot wark at work 21. I certify that (I) (this hospital) attended the deceased fram-1960, that (1) (we) last and that death accurred at 250 M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. ADDRESS 22c. PHYSICIAN' NAME (Type shauld 23o. 8URIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) Duria 24. FUNERAL DIRECTOR 1966 DATESEP 20 M 1/66

10934 THE REPORT OF THE PARTY OF THE the first the state of the state of an main' air sin ou

104:01			A ST TO THE ST
	Vand		encuert tel
			Toyan
	to in early	acas telline	I manifestagements
SC SIMILAR	S Indutes	6	drogation and
	_, XI		
Add The 181 the La			elizone a
afect a	wade.		nton humit
(email) under	Joseph Prote	1802 = 30=Sdi	
		e Drymba said	
			of the state of the state of
	Mary - section	a. It was not only	
		in a dilinori	afficial of their years to be
and the Daniel		the man	10 blog T
aben legact meste in			Impo .ud - side /
		Off Ind Alband To	Sover and to save.

88000 1-37-THE PROPERTY AND ARREST Charles and the contract of th CALL A THE ACT OF THE BUILDING A STATE OF THE ACT OF TH . he must dear , crement thouse, and play

a in the second	ANDVI AND
Description of the series address) And the series address of the	0934
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS The street address of the street ad	esidence before admission
5 = 5 Creater Both Modical Coller 2731 Abde rwood AV.	and give nearest town
3. NAME DF DECEASED (Type or print) 101 1 Am 1 Amarie 10 American 10 America	e. IS RESIDENCE ON A FARM? YES NO
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. MAR	Day Year 26 19 63
10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR USING MORE OF BUSINESS OR	
e see operator - Block tile co tile Co.	ITIZEN OF WHAT DUNTRY? 15 A
13. FATHER'S NAME Charles Folkard BRWNENS BESSIE Bell 15. MOTHER'S MAIOEN NAME BESSIE BELL	
15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 215-05-8454 EIMIRA BRANNEN (S.O.	me,)
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. OUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) OR CONTRIBUTING CAUSE (a) 2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 of	oneyear
gave rise to immediate cause (a), stating the underlying cause last. Go PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	0/
Reference of the part of the p	19. WAS AUTOPSY PERFORMED?
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	inty) (State)
21. I certify that (18) (this hospital) attended the deceased from 8 1905, to 1906, to 1906	
M.O. PHYS. DIRECTOR D	76-66
saw the deceased alive on 1900, and that death occurred at 3/2/20. SIGNATURE 22a. SIGNATURE 22b. Company of the causes and on the causes are caused at 2/20. ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or continuous property of the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the causes and on the causes are caused at the caused	unty) (State)
23a. BURIAL CREMATION, 23b. DATE THEREOF 8/29/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or concentration) 23d. LOCATION (City, town	Ma
VR A15 (4) R McCully FH 237 Patapsco Ave 21225 OATE AUG 3 0 1966 JClia	rles Judges

A E CHI en Ann nobered attache to a Aug on 1966 and Market

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10935 10946 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Page 2 19 Baltimore Maryland Baltimore MARYLAND and 3 after dea CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore-rural Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 72 haurs o farm Give Pages 1, 23 Morrislea Ct. St. Joseph Hospital YES NO after death. ong with 3. NAME OF Middle 4. DATE Year Day DECEASED OF DEATH 29 19 66 Marianna 7 within (Type ar print) Lisa Brant with S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months 2 Haurs July 1, 1966. WIDOWED DIVORCED event white female 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of parking life, even if retired) INDUSTRY None Balto City Maryland COUNTRY? USA pages I .= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within David V. Brant Joyce Presti File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, yunknawn) (If yes give war ar dates af service permit. remaval, Mr. David V. Brant (Same) None 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Interstitial pneumonitis 10 IMMEDIATE CAUSE (a) should writing the ward its designated agent, priar ta burial, crematian, DUE TO Conditions, if any, which gave rise to immediate cause (a), This certificate DUE TO 0 stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) the certificate, YES X NO 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page at work please execute 21. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection [Inquiry and in my apinian the funeral directar. Natural causes x, Accident Suicide [death resulted fram: be retained Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 8/30/66 Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar county) Werner U. Spitz, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 50 REMOVAL (Specify) 8/31/66 Holy Redeemer Cemetery Baltimore, Md. 25a. REC'D BY REGISTRAR
DATE SEP 2 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 1966 VR A15ME (5) 30 5218

MARYLAND STATE DEPARTMENT OF HEALTH

一片的200mg 至为200mg 5 5mg 4/17 m 2 mg 4/1 m 2 mg 4/1 . . terms in the local tion three of made security field the second contract of the sec And the second of the second

executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and pompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event; within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL

-	RESEARCH	AND	RECC	IRDS,	301	W.	PR	ES	TO	N
	0	EDT	TELO	ATE	-	gives .	DI		-	

STREET, BALTIMORE 1, MARYLAND

_	1094	. 6		CE	RTIFICA	ITE	OF DEATH				I09	136
1.						1 2	2. USUAL RESIDEN	CE (Where dec	ceased lived, If Ins	titution: Ri	esidence be	efore admission)
	u. ocomii	BALTIN	IORE	COUNTY	MARYLANI		e. STATE	no	b. COUN	ITY B	12	
	b. CITY OR TO	WN (if outside c	orporate limi	its, c. LENGT	H OF STAY IN		. CITY OR TOWN (If	outside cor	porate limits, wr	ite RURAL	and give	nearest town)
R	URAL - 34	L and give near		1 3	Jans.		13000		71-	11	20	-11
	d. NAME OF HO	OSPITAL OR INST	ITUTION (If r	not in hospitai, giv		ss) (I. STREET ADDRESS	nga	2 11,	4/0	l e. 1	IS RESIDENCE
(GRAN GR				ENTER		2632	Harda	1.2 RS	2_		ON A FARM?
3.	NAME OF DECEASED		First	N	Alddle		Last	4. BATE	Monti	n	Day	Year
	(Type or print)	EDN	H	LOUI	SE	P	REGEL	DEATH	AUG	IUST	17	1966
5.	SEX	6. COLOR OR	RACE 7. MA	ARRIED NEVER	MARRIED X	8.	DATE OF BIRTH	9.	AGE (In years	IF UNDER		UNOER 24 HRS.
	F	WHIT	1 0 111	DOWED	DIVORCED	1	2-8-18	82	last birthday)	Months	Days 1	Hours Min.
10	a. USUAL OCCUPA	TION (Give kind o	f work done	10b. KIND OF BUS	SINESS OR		11. BIRTHPLACE (C	ounty & State,	7 713.		TIZEN OF	WHAT
1	Liter 1	King ina, even ii	retired)	INDUSTRY			Book		Sme	CO	UNTRY?	1
13	. FATHER'S NAM	ME				1	4. MOTHER'S MAIL	DEN NAME	0/10.	I _ C	20,1	A -
	HEN	** */	BKE	CLL			LOUIS	4	5/1	VYD	E.K	
1! (Y	es, no, or unkown)	EVER IN U.S. ARI	MED FORCES?	16. SOCIAL SEC	CURITY NO. 1	7. IN	FORMANT		Addres	is	/	. 0
	No			212-01	-2942	m	in Charles	8.81	carl.	Tech	ing	ill
	18. CAUSE OF	DEATH [Enter of	nly one caus	e per line for (a),	(b), and (c).]	-						AL BETWEEN
-	PART I. D	DEATH WAS CAUS		RECUI	RREN	1	CONGES	TIVE	THE ARY		ONSET	AND DEATH
	42	IMMEDIATE	DUE TO	- A :	URF		0.00		110711			
	Conditions, If	any, which \	DUE TO	1RTTER	10 SCL	51	PATTE (2000	INVAS	CUL	AR	
	gave rise to	Immediate (DUE TO	5,560	26	- Land	10110	41100	100113	202	11	
	cause (a), s underlying cau			DISCHO	0 Km							
NO			(c) NDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT R	ELATE	D TO THE TERMINAL D	DISFASE CONI	DITION GIVEN IN	PART 1(a)	119. W	AS AUTOPSY
FA.											N	ERFORMED?
Ē	20a. ACCIDENT	T WAS UNDERLYI	NG ET	20b. DESCRIBE H	IOW INTERY OF	CCURR	ED. (Enter nature of	Injury in Pa	et I or Part II o	f itam 18)	YES	NO [
CERTIFICATION	OR CONTRIBUT	TING CAUSE OF THE MEDICAL I	F DEATH EXAMINER)	ZOW! DEGOMINE!	ion injokt of	COUNT	LD. (Linter nature of	mjuly in ra	it i oi rait ii o	I Item 10.)		,
MEDICAL		INJURY Month,	Day, Year	20d. INJURY OCC	URRED 20e. I	PLACE	OF INJURY (Home, fa	rm, 20f. (City or town)	(Cour	ity)	(State)
0	Hour a.	.m. .m.	19	While Not Wo	iiiie — i	ctory,	street, office bldg., e	tc.)				
-						8	- 15- ,1	9.66, to	8-17-	, 196	, that	(I) (we) last
	saw the de	eceased alive of					eath occurred at 1					
M	22a. SIGNATU	IRE-			The market		ATTENDING	450		22b. DA	TE SIGNE	y
		LKAN	WASIN	-budy ov	Man 1	M.D.		MED. DIRECTOR	STAFF PHYS.	8/	17/	66
	22c. PHYSICI, NAME (T		. S. N	ARAYAN	AN		22d. ADDRESS	R BA	LT 11-101	REA	IED.	CENTER
23	a. BURIAL, CREM	MATION. 23b.	DATE THERE	OF 23c. NA	ME OF CEMET	ERY OF			CATION (CIty, to	wn or cou		(State)
"	REMOVAL-(Sp	eclfy)	20/	1	//	-		12	17	. OI COUI) and
1-20	. FUNERAL DIR	ECTOR	20-6	O LA	DRESS	10	01 25a. REC	D BY REGIS	TRAR J 25b. RI	EGISTRAR'S	SIGNAT	URE
	11	13	10	1 ch			DATE AU	G 29	1966	Clian	en la	udge.
_	Win	. CAd	N-1121	RAPS/W	uson.	3	DATE DATE	_ ~ ~	1		1	0

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

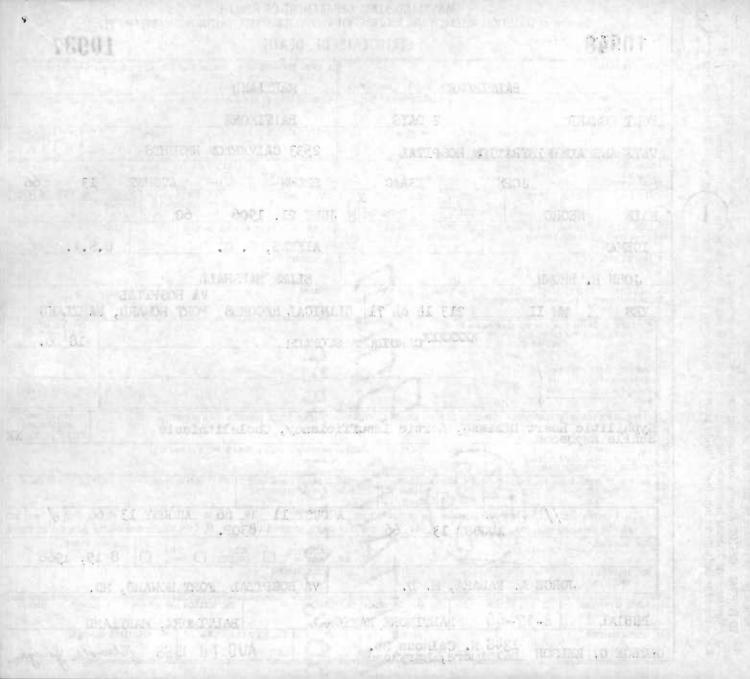
10948

CERTIFICATE OF DEATH

1. PLACE OF DEATH
0. COUNTY

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admit b. COUNTY)

£ -2+	1	_									-		
er death. funeral			o. (OUNTY				2. USUA		Where deceosed			nce befare	admission
fun			o. Counti	BA1	LTIMORE	MARYLAND		MARYLA	ND	b. (OL	INIT		
after he fur ges 1				f outside carporate limits	, · C.	LENGTH OF STAY IN 16	c. CITY (tside carporate l	imits, write Rl	JRAL and gis	ve nearest	tawn)
hours after n by the fur s. Pages 1 s. Pages 1			FORT HOW	give nearest tawn)		DAYS		BALTIN	OPE			37	-4
ho ho				AL OR INSTITUTION (If not		Company of the Company	d. STREE	T ADDRESS	Olte			e.	IS RESIDENCE
filled in papers.	9 17		DIEA CHEMENY	A TO COLUMN A C	TON HOO	TMAY	25	22 CATT	ERTON H	TO LUTE		VI	ON A FARM?
iii g.id	d		NAME OF	ADMINISTRA'		Middle		ost	4. DATE	Wor			
ed with			DECEASED						OF			Doy	Year
ed ed car		-	(Type ar print) SEX	6. COLOR OR RACE		ISAAC		OWN	DEATH	AUGU GE (In years	IF UNDER	13	19 66 IF UNDER 24 HRS.
emove	1	1			7. MARRIED	NEVER MARRIED			. 10	ost birthdoy)	Manths	Doys	Hours Min.
a de de			MATE	NEGRO	WIDOWED	DIVORCED		21, 19		60 yrs.			
cian ar		dur	. USUAL OCCUPATION ing most of working	(Give kind af work dane ife, even if retired)	IOB. KIND	OF BUSINESS OR TRY	11. BIR1	THPLACE (County	& Stote, or foreig	n country)	((ITIZEN OF 1	
ciar			ICEMAN	,				KENS, S			Ü	S.A.	
ifice in plants	ì	13.	FATHER'S NAME				14. MOT	HER'S MAIDEN	NAME				
th certifi			JOHN H.	BROWN			E	LLEN MA	RSHALL				
th ding		15.	WAS DECEASED EVE	CINILS ADMED EDDCESS	16. 500	AL SECURITY NO.	17. INFORMAN	IT	VA	HOSP1	PAT.	CINE.	
ne death certificate be executed with attending physician and completely permit. Then please/Temove carbon		(16	YES	(If yes give war or dotes of	273	14 84 71	CLINIC	AL RECO		ORT HOW		MARY	LAND
4		F		ATH (Enter anly one caus	e per line far (a).	(b), and (c),)			1,40,50	112 1101	ALL CLO	INTER	RVAL BETWEEN
that than an. by the transit prepared		-		H WAS CAUSED BY: IMMEDIATE CAUSE (XXXXXX	CARCINOM	A GIVOMA	CH				PNSE	AND DEATH
trail by			151	X DUE	TO	CALCINO	A DIOMA	CALL					7.00
physician. signed by the burial-transit			Conditions, if ony,	which gove	b)								
physic physic signed burial			rise to immediate	cause (o), (1,14						
ing ing			stoting the under	lying couse 023X									
e law re trending as been as the			PART II OTHER SIG	ONIFICANT CONDITIONS CO		EATH BUT NOT DELATED	TO THE TERMIN	IAL DISEASE COA	IDITION GIVEN II	N PART 1(a)		19 1	YZQOTUA ZAW
두 5 수 3 수		NO.	Symbilit	C Heart Di	sease, A	ortic Insu	fficier	cy, Cho	olelith:	iasis			WAS AUTOPSY PERFORMED?
	0	A.	Senile F	mphsema		BE HOW INJURY OCCUR						163	NO KOK
ICIA pital d fo d fo		CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	205. DESCRI	BE HOW INJURY OCCUR	KED. (Enler note	ite at injuty in	ran i ar ran ii	at item 18.)			
YSI dasp described				MEDICAL EXAMINER)	1 00 1 111111	V OSCUPPED TO	DIAGE OF WILL	DV (II)	T 201 10	**************************************	16		16
ATTENDING PHYSICIAN etained by the haspital o CTOR: After this certifica should be detached for		MEDICAL	Hour a.n	RY Manth, Day, Year	While _	Not While		RY (Hame, farm office bldg., etc.)		ity or town)	((0	ounty)	(Stote)
by the Affer the State		2	p.n		ot work L	at wark		,					
App			21. I certif	y that () (this hosp	oital) attended	the deceased from	n_AUGUS	T 11 , 1	9_66 to_	AUGUST	13 19.	66, the	of (y) (we) last
OR ATTENI be retained DIRECTOR: A le 3 should ed with the				eceased alive an	AUGUST 1	3_19_66, and	that death	accurred a	30P M, f	rom causes			
retores SECT 3 sh			22a. SIGNATURE	- da	_		ATTEN	IDING _	MED.	STAFF		DATE SIGNE	
OR be r	3						M.D. PHYS.		DIRECTOR L	PHYS. L	7 0	15,	1966
ral o			22c. PHYSICIAN'S NAME (Type)	TOPOW A	PADADA	w n		ADDRESS	DAT TOT	M TIATE		•	
TO HOSPITAL OR ATT Page 4 may be retain TO FUNERAL DIRECTO director, page 3 should be filed with a should be should be filed with a should be s	3			OUNGE A.				HOSPIT		RT HOWA			
HO ge FUN		230	BURIAL, CREMATIC			3c. NAME OF CEMETERY	OR CREMATOR	Υ	23d. LOCAT	ION (City or To	own)	(County)	(Stote)
0 0 0 p	2		BRH LAL		56 BA	LITIMORE NA	TIONAL		BALTT	MORE. 1	MARYLA	LND	
	la	24	. FUNERAL DIRECTO	7.3	LQ N C-	ADDRESS Lihoun St.			BY REGISTRAR	25b. R	REGISTRAR'S	SIGNATURE	
VR A15 (4) 20 M 1/66	./11	0	FORGE G.	KEISON 53	10 N. CE	Mount St.		DATE #	AUG 16	1966	och	anle	Jusas



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Pages IN urs after after Baltimore the MARYLAND Maryland b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 夕 carbon papers. Pagent, within 72 hours hours Baltimore 21234 Towson 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled DN A FARM? 3328 E. Joppa Rd. St. Joseph Hospital YES NO letely executed within npletely Day Year NAME OF DATE Month Middle Last DECEASED (Type or print) Harvey Burton DEATH 19 66 August B and con remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours 9-13-1886 79 yrs. Male White WIDOWED [OIVORCED . 12. CITIZEN DF WHAT 10a, USUAL DCCUPATION (Give kind of work done | 10b, KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) sicial lease and i þ during most of working life, even if retired) COUNTRY? Maryland nding physic Then plea removal, an self death certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending premit. Ther Bamejamin Burton MarvC. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address ed by the attend transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) none Hospital records INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), n signed by burial-transit burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Adenocarcinoma of colon with metastases. attending physician. DUE TO Conditions, If any, which (b) been gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has WAS AUTDPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use f Health PERFORMED? certificate YES K NO T by the hospital 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) detached for te Dept. of I this MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from August 13, 19 66, to August 17, 19 66, that (I) (we) last retained saw the deceased alive on August 17. and that death occurred at 1:10, from the causes and on the date stated above. 19 66 22b. DATE SIGNED 22a. SIGNATURE De pe STAFF PHYS. ATTENDING page X DIRECTOR PHYS. M.D. 4 may 22d. AODRESS FUNERAL PHYSICIAN'S director, p NAME (Type) Lawrence F. Misanik. M.D. 7620 21204 York Rd. Baltimore Md. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Providence cemetery Balto Constraint 25a. REGISTRAR 25b. REGISTRAR 24. FUNERAL DIRECTOR AUG 22 C.F.EVANS & SON 8802 Harford road

MARYLAND STATE DEPARTMENT OF HEALTH

VR AIS

Discribing Some Har some No. 2 20073.1.0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10951 0 r filled in by the funeral nn papers. Pages 1 and 2 ithin 72 hours after death death 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) BALTIMORE FORT HOWARD 2 DAYS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 1613 N. Calhoun Street VETERANS ADMINISTRATION NOSPITAL NO X NAME OF First Middle DATE Last Year please remove techan Doy and campletely DECEASED ALEXANDER BUTTER AUGUST 66 12 event, DEATH 19 (Type or print) certificate be executed B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 7. MARRIED 6. COLOR OR RACE NEVER MARRIED birthday) Months Doys Hours MATE NEGRO WIDOWED K JULY 4, 1900 and in any DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY HOWARD CO., MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, ALEXANDER BUTLER JANE BROWN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death (Yes, no, or unknown) (If yes give wor or dates of service) 214 56 56 CLIN. REC., VAN, FORT HOWARD, MARYLAND INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY DEHYDRATION unknown IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove METASTASES LIVER, OMENTUM, BOWEL . unknown rise to immediate cause (a), DUE TO stating the underlying cause be detached far use as the State Dept. of Health priar ta last. CARCINOMA ESOPHACUS unknown WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION YES X NO Page 4 may be retained by the hospital ar this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20f. (City ar tawn) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, affice bldg., etc.) Nat While TO FUNERAL DIRECTOR: After at wark 21. I certify that (this hospital) attended the deceased fram Aug. 10, 19 66, ta Aug. 12, 19 66 that (the (we) last 19 66 and that death accurred at saw the deceased alive an Aug. 12. M, fram causes and an the date stated abave. 22a, SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. 00 director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S VAH, FORT HOWARD, MARYLAND NAME (Type) NEILSON, M.D. NEILON 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) 8-16-66 BALTIMORE, NATIONAL CEMETERY BALTTMORE MARYLAND 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR George G. Kelson 1348 N. Calhoun St AUG Ocharle. 1966 Baltimore, Md.

01001				2 o
	GIATOUR .		o de	
	STREET,	TYAUS !	ORA	01101
	(1613 N. Calhorn Daress)	INTERN 10	TOMEST MOA	SMALONE.
1	TOURIA A STORY	/TZCYLA	ZZ.	
	1900 60	A X	CHURT	STAN
	MOTARD CO., PARTIAND			
	LAPRE THAT		* * * * * * * * * * * * * * * * * * * *	CHAZETA
GEARDUR	T CLITE. ROC., YAH. POST POMAND,	man de al-	740	FEE
nviornino		II. PERMING		
synding	Live, describe, exact a	despeller 1		
	• etc upfig	electronical .		
	R1		A TOTAL X TOTAL TOTAL	
	A Mid was to the A. K.		1	
on.		in a second	is liberary	N A L
	7. 6 mm (1. pr - res)			1101

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10952 death. The law requires that the death certificate be executed within 24 haurs after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BATTIMORE MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 88 DAYS BALTIMORE FORT HOWARD filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 3701 EVERETT STREET YES NO T VETERANS ADMINISTRATION HOSPITAL we carban a 3 NAME OF 4. DATE Month Dov Year OF DECEASED 19 66 15 BUZZARD AUGUST HARRY RT.THII DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Hours WIDOWED DIVORCED and in any SEPTEMBER 27 1908 MALE WHITE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)

CARPENTER INDUSTRY MT GROVE VIRGINIA

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, ALTCE KELLY ARCH M BUZZARD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) 224 07 92 71 CLINICAL RECORDS FORT HOWARD, MARYLAND YES crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),
PART I. DEATH WAS CAUSED BY:
PULMONARY ABSCESSES, MULTIPLE INTERVAL BETWEEN signed by the burial-transit p P.C. F.N. IND DEATH IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUNCTO burial, WNKNOWN BRONCHOPNEUMONIA, UNDETERMINED ORGANISM Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS'
PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) nse YES X NO DECUBITIS ULCERS, UNKNOWN RHEUMATOID ARTHRITIS. OLD. ā 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While at work ot work pe 21. I certify that () (this hospital) attended the deceased from MAY 19, 19, 66 to AUGUST 15 19, 66 that () (we) last sow the deceased olipe on AUGUST 15, 19, 66, and that death occurred of 450PM, from causes and an the date stated above. _____, 19__66 to__AUGUST_15 19__66that (/) (we) last 220. SUSNATURE 22b. DATE SIGNED wan ATTENDING MED. DIRECTOR STAFF PHYS. 8/17/66 M.D. VAH FORT HOWARD, MARYLAND 22c. PHYSICIAN'S PETER V. JUVAN, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, BURLAL (Specify) Mountain Grove, W. Va. Aug. 20.1966 Mountain Grove Cemetery 250. REC'D BY REGISTRAR Charles GONCE FUNERAL HOME 1956 VR A15 (4) 20 M 1/66 DATE Ritchie Highway, Baltimore, Md.

10001	range at arterious arons is a to		eden)
	WAXYAN	BR.	TETE
	no time	aran en	GEAWAL TOOM
	3702 Lysont States	JATES N. W.	VITABLERIAN ADMINISTRATES
15	PRUSIDE SY BUARAGE	LHILTH	THRAIT
	BEFERRE 21 LOOL ST. F.		SING SING
	A TOTALLY SWORD . TH		nar epige
	ALIDE SELLE VALUE SELLE	Turker 1	OFFASSOR M HORE
GIAUASA PARAMANANANANANANANANANANANANANANANANANAN	OLICIOLA REDOUES ON A WOLLD, SELS, INCULTAX		
	PROCESS CONTRACTOR ACT		
Xell	Washin Caragon and		A CONTROL OF THE CONT
A 100	TO ASSESS OF THE PARTY OF THE P	ft 15 66	BOOVA
	The Miles of the call of the c		
	of the separate of the september of the	tethous side Se houses Se skimen, ou	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10942 CERTIFICATE OF DEATH 10953 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE o. CDUNTY b. COUNTY timere Alle ganv MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporote limits, c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours (write RURAL and give nearest town) Cumberland 7 weeks Baltimore .⊆ d. STREET ADDRESS e. IS RESIDENCE DN A FARM? d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) filled Williams St YES ND X pan NAME DF First Middle Lost 4. DATE Month Doy Year DECEASED MYRTIE 1966 Campbell (Type or print) DEATH S. SEX 6. COLDR DR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 3-15-1916 WIDDWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** ease and Cumberland, Md. USA physician Store Clerk Grocery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a removal, Ruth Rohm John Campbell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 10 Mrs. Thomas Douglas, Reistertown, Mdd. no crematian, INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 110X DUE TO Canditions, if ony, which gove (b) rise to immediate couse (o), DUE TD stoting the underlying couse by the haspital ar attending has been the lost. QS 19. WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health p ND this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Dov. Yeor 20d, INJURY DCCURRED 20e. PLACE DF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) While of work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 19 6 6 that (1) (we) las be retained saw the deceased alive an_ 1966, and that death accurred at 705M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY DR CREMATORY 23b. DATE THEREDF 23d. LDCATION (City or Town) 23o. BURIAL CREMATION. (County) BI REMOVAL (Specify) Aug. 4, 1966 Hillcrest Burial Park Cumberland, Md.Allegany 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, Md. Charley 1986 VR A15 (4) 20 M 1/66 5

\$ 1, 11 °				Sec.
			NT DATE	
	CARDO DA			
AND THE		7		A A
		100		
The state of the s		1962 April 1964		

The second of the second of the state of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10954

CERTIFICATE OF DEATH

10943

and and death	1	1 P	LACE OF DEATH					2. USUAL I	RESIDENCE (\	Where dece	ased lived, if in	stitutian: Re	sidence bef	ore odmission)
funeral 1 and 1er death			COUNTY	BALTIMORE		M	RYLAND	o. STATE				COUNTY			/
pletely filled in by the fur carban papers. Pages 1 ent, within 72 haurs after	1	ь	CITY OR TOWN (I	f autside carparate lin	mits,	c. LENGTH OF STA		c. CITY OR			rote limits, writ	te RURAL and	give near	est tawn)	
Pa Pa		F	ORT NOWA	give nearest tawn)		46 DAYS	5	BAI	LTIMOR	E				304	
in ers. 72 h		d	. NAME OF HOSPITA	AL OR INSTITUTION (IF	nat in haspital,	give street address)		d. STREET						e. IS RESIDE ON A FAR	MCE M?
Page 1	7	-		ADMINISTR	ATION NO			1042	STRIC					YES N	0 X
witl			AME OF ECEASED	1,700,65	First	Middle		Last		4. DATE OF		Manth	Do		
mpletely carbar went, wi	-	S. S	Ype or print)	6. COLOR OR RACE	LOYD	SAMUI		CARE 8. DATE DF B		DEAT	9. AGE (In year		DER 1 YEAR		
	6		ALE	NEGRO	7. MARRIED WIDOWED		LAJ	APRIL		926	last birthdo				Min.
physician and connected the property of the physician and in any example the physician and example the physicia	-	10a.	USUAL OCCUPATION	(Give kind of work do	ne 10b. K	CIND OF BUSINESS OR					foreign country)		2. CITIZEN		
ician and i		durin	g mast af working ABORER	ife, even if retired)		NDUSTRY NSTRUCTION	1				CO. V		U.S.		
ysici ple al, a	1		FATHER'S NAME		100	DINOCITO			ER'S MAIDEN I		001, 17		UAUA		
hen hen nav		3	JAMES	ARTHUR C	AREY				JULIA	SAM	JEIS		100		
attending permit. Th		1S. (Yes	WAS DECEASED EVE	R IN U.S. ARMED FORCE (If yes give war ar date	es af service)	SOCIAL SECURITY NO		INFORMANT	714			Address			
attendir permit. Ian, ar re			es	PL 28	22	25 20 6160	CI	IN. RE	EC., V	AH, F	T. HOW	ARD, N			
aquires man me aeann cerning physician. signed by the attending phys burial-transit permit. Then p burial, crematian, ar remaval,				ATH (Enter only one H WAS CAUSED BY:			COLOUISIC	3.67317370	ODGAN	TOM			1 0	NTERVAL BETW INSET AND DEA	EEN ATH
that I			150	IMMEDIATE CAU	. ,	JMONIA, UN		UPPER		ISM,	WITH A	ESCHESE	,		-
equires the physician signed by burial-tra burial-tra burial, cre			Conditions, if ony,	*	UE TO	1	TUUL	UPPER	LODE				1	ays	
phy sign bur bur			rise to immediate	e cause (a),	UE TO										110
tending tending ts been as the priar to			lost.	lying couse	(c) CAF	RCINOMA.	THE ES	OPHAGE	IS .					Jnknow	
itten ias b a as pric		Z	PART II. OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT I	ELATED TO	THE TERMINAL	L DISEASE CON	NDITION GI	VEN IN PART 1	(a)	19	PERFORMED YES A N	SY)?
al ar at ficate ha far use Health	2	ቜ												YES 🔥 N	0 🗆
さきまっち		MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NDTIFY)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY	OCCURRED.	(Enter nature	af injury in	Part I ar P	art II of item 1	8.)			
ع ق ∓ ≑و		MEDICA	20c. TIME OF INJU Hour a.m	,	While	INJURY OCCURRED e Nat While rk at work	20e. PLA		(Hame, farm fice bldg., etc.)		(City or tow	vn)	(Caunty)	(St	ate)
ENDIN ned by R: After uld be the Stat			21. I certif	y that (1) (this heceased alive an	aspital) atter	nded the decease	d fram	June 2 t death ac	ccurre o or	966 17 p.	ta Aug	. 12 , uses and a	19_66 an the de	that X) (wate stated	e) last abave.
I'AL OK ATTENDIN toy be retained by AL DIRECTOR: After page 3 shauld be efiled with the Star			22a. SIGNATURE	la la	1000	Sono G	LR M.	ATTENDI		MED. DIRECTOR	STAFF		6. DATE SIG	GNED	
SPITAL OF MAN DE MERAL DIR OF, page or, page de filed	1		22c. PHYSICIAN'S NAME (Type)	NEILO	METT CO	ON. M.D.		22d. A	ADDRESS I. FOR		ARD, M	ARYLAN			
HOSPITAL age 4 moy FUNERAL irector, pa hauld be fi	-	220	BURIAL, CREMATIC			23c. NAME OF C	METEDY OF		,		LOCATION (City		(Coun	ty) (Sto	tal
FO HOSPITAL Page 4 moy TO FUNERAL I director, pag shauld be fil			BUNTATIO	8-17		BALTIMO	E NAT	CIONAL		ERY	BALTI	MORE,	MAR	YLAND	10)
VR A15 (4) 9	1	24.	FUNERAL DIRECTO	R		George 1348 N	G. K	eTson	2Sa. REC'I	6 1 6	1966 2S	b. REGISTRA	ir's signat	Quelas	
20 M 1/66	3					Baltin	OIG.	Md.	PATERO	O TO	1000	1	(10	
							71								

10049				CHIII-
	OFATYADA		SUBSTITUTE	
	SHOW THE REAL PROPERTY.	28/40 or -	(01	ANON BROW
788	10 E EMEGREM STA	INVESTED	INDIOASTATIONA	PETABLETT
a cr musu	YERGO	SAMANA	670.13	
	APRIL 26, 1996 P.		DWC155	Noil
Land the sty.	indexesentation of	OWNERS TO		Evens.
	Swite ALCOT See 1		28° 0 977718	
ROLLON, MINTELON	ni averti in	oute as rest	85	27
8780	THE RESERVE OF THE SERVE OF THE			
njomino,	A RUMPHIS	AROD FA CIOSA		
	THE PARTY		Survey (C. A. Tra	
				2
8 13 66				
	KANDE TROT . ME		CONTROLLER	

. Iti - promitting

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	10955			CERTIF	ICA	ATE OF DE	ATI	1		Reg. D	ist. No	103	144
	COUNTY Ba	Himore		MARYL	AND	2. USUAL RESIDEN a. STATE Mary.	ice (wi	nere deceased	lived. If institution b. COUNTY	on: Reside	ence befo	ore admiss	iion)
	b. CITY OR TOWN (IF	autside corporate lim	ts, write	c. LENGTH OF STAY IN	d lb				ate limits, write R	URAL and	give ne	arest lown	1)
_	Caton	sville				Balt	Lmor	'e				300	4
•	d. NAME OF HOSPITA	L (If not in hospital, s	ive street	0.1. "110		d. STREET ADD		rview	Avenue C	1/6			FARM?
3. 1	MAME OF	TAE TIME	5-1	Middle		T file.	A	100000000000000000000000000000000000000	manufacture of manufacture of the second				NO []
	DECEASED (Type or print)	Cark	2011			Caulfield	l.	OF DEATH	Aug	ust'	2	_	Year 19 66
5. S		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In years last birthday)			IF UNDE	-
	Male	Whi te	WIDOW				1885		<u> </u>	Months	Days	Hours	Min.
100. B	during most of working and O Rail	ig life, even it retired		KIND OF BUSINESS OR	INDU:			or foreign co	20.0	12. C	ITIZEN C	OF WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MA							
	Albert	Caulfie	Ld				?						
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	NFORMANT			Addr	'ess			
1	No	None			Mr	. William	R.	Childs	4407 M	arbl	е На	11 R	d. 18
7	Conditions, if ony gave rise to improve (a), stating the lying cause last.	mediate DUE TO)										
CATIO	PARI II. OTHE	K SIGNIFICANT CON	Pa	CONTRIBUTING TO DEAT	of the same		ETEKMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT I(a)	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCC	CURRED). (Enter nature of in	jury in l	Part I or Part	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While at wo	Not while	Oe. PLA fac	ACE OF INJURY (Horr tory, street, office blo	ne, farm dg., etc	20f. (City	or tawn)		(County)		(State)
	21. I certify that alive on	l attended the	decea:	, ,	4 leath	occurred at	5157	£M, fram	the causes a	nd on		ite state	ed abave ATE SIGNE
	SIGNATURE	have b	section Co.	La .	/	M.D	1	1,2000	unt /4	1		7,-	- 23-60
	PHYSICIAN'S NAME (Type)	OHN A.	NI	ESBITTAN	IK	Bo	ell	win	Led	2/3	228	9-	
22a	BURIAL, CREMATION REMOVAL (Specify) Burial	8/25/196		Woodlaw					ON (City, town, o			(Slot	e)
23.	FUNERAL DIRECTOR'S		,,,	ADDRESS / R	1		a. REC'	D BY REGISTR		TRAR'S SI	IGNATU	RE	
2	mil Tick	men &	Sen	sallo,	11	sie are DI	ATE A	UG 25	1966	galie	relex	Jus	ye

Marine 1034d	CATE OF DEATH	10955
el en ra	walvalet Colf	
	SELLOLD BEING	
	enganis (ven 1924-till 1931) (till till till till till till till til	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part Charles and South	1420 - 2212 . vi	
. 20 4 10 10 10 10 10 10 10 10 10 10 10 10 10	WATER TO THE STATE OF THE STATE	

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALLIMONE 1, MARKEAN	
1	10956 A CERTIFICATE OF DEATH 10945	1
1.	a. COUNTY Owings Mills 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a a. STATE Maryland b. COUNTY	idmission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	st town
	Politimera 7 yrs. Churchton	2
,	Vocamond State Hogastol	FARM?
3.	I. NAME OF First Middle Last 4. DATE Month Day Ye	ear
	(Type or print) David Nilet Onality Death Death	66
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. DATE OF BIRTH 2/18/56 Negro Never Married New Months New Months	
10 du	Oa. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY ANNE ARUNDEL, MARKLAND 12. CITIZEN OF WHATCH OF W	T
	3. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	
	ohn Francis Chapman Mary Sharps	417
()	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service)	-1
	Rosewood Records, Rosewood State Hospit	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Browlep new move a ONSET AND	
	Conditions, If any, which) (b) Mraseles - Skartic	
	gave rise to Immediate Cause (a), stating the DUE TO	
Z	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A	UTOPSY
CERTIFICATION	FARTH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	RMEO?
TIFIC	20a, ACCIOENT WAS UNOERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	110
CER	20a. ACCIOENT WAS UNOERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ICAL		(State)
MEDICAL	Hour a.m. While Not While ractory, street, onice blug., etc.) ractory, street, onice blug., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from HUG. 18, 19 to, 19, that (I) (
	saw the deceased alive on 18 19 66, and that death occurred at 5.70 M, from the causes and on the date state 22a. SIGNATURE 22b. OAJE SIGNED	d abov
	Waren Lucium M.D. ATTENDING MEO. STAFF X 8/20/66	
	22c. PHYSICIAN'S 22d. ADDRESS	
	NAME (Type) MARCIO L'INHEIRO KOSEWOOD STATE HOSPIS	IAL
23	Bright B-25-1966 Chron Chafel Dring Md	State)
2	24. FUNERAY DIRECTOR 256. REGISTRAR 256. REGISTRAR'S SIGNATURE	
4	William Kelsette (IMMG-MCK- DATENG 23 1966 Johnson Judg	il.

Design of the control	at dight.	. The second of		10356
Defect of the service		dan yani sant		ELED author
Defect of the service		politorano.	- Park S.	profile of contrast
AST DAMES AND SUMMER TO STATE		Light williams	- A	August ofest Scoweros
ASU DESCRIPTION OF THE PROPERTY OF THE PROPERT	13 61			bives
AND MARKET HE STORY STORY AND STORY		2/22/76		
English shows and a stream toomen.		Maria Michael Charles Bullia	S-77 5 Super distri	
				margant atomore and
	La Proposition of the state of			
	X			
				Control of the contro

	DIVISION OF STATISTICAL R	ESEARCH AND RECORDS	PARTMENT OF F 6, 301 W. PRESTON E OF DEATH	STREET, BALTIMORI	E 1, MARYLAND
] 1.	PLACE OF DEATH a. CDUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE a. STATE Maryl	and b. CDUNTY	ution: Residence before admission Baltimore RURAL and give nearest town
	b. CITY DR TOWN (If outside corporate limits write RURAL and give nearest town) Owings Mills d. NAME DF HDSPITAL OR INSTITUTION (if no			dville	e. IS RESIDENC ON A FARM?
08	Rosewood State F	Hospital Middle	unknot	Wn. DATE Month	YES ND Day Year
	DECEASED (Type or print) SEX 6. CDLDR DR RACE 7. MAR	Louis	CHILDS B. DATE OF BIRTH	OF DEATH 8	26 1966 UNDER 1 YEAR JIF UNDER 24 HR
1D	Male White WIDO a. USUAL OCCUPATION (Give kind of work done 1 ring most of working life, even if retired)	OWED DIVORCED	5-12-07	last birthday) M 59 yrs. ty & State, or foreign country)	onths Days Hours Min. 12. CITIZEN OF WHAT
	Dependent B. FATHER'S NAME	none	Baltimore 14. MDTHER'S MAIDEN	, Maryland	U.S.A
11 (Y	Phillip J. Childs 5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give war or dates of service)		Julia L.	Address	
	18. CAUSE OF DEATH [Enter only one cause PART I, DEATH WAS CAUSED BY:		sewood Records	s, Owings Mill	INTERVAL BETWEEN ONSEL AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the DUE TD DUE TD	Opronit man	ntion	101)	Zhauz
CERTIFICATION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CON				YES NO
		Ob. DESCRIBE HOW INJURY DCCL			
MEDICAL		20d. INJURY OCCURRED 2De. PLA Mhile Not While facto L work at work			(County) (State)
	21. I certify that (1) (this hospital) at saw the deceased alive on 222a. SICNATURE		death occurred at 11 ATTENDING MET DIR	- 2	, 1966,, that (x (we) last d on the date stated above 22b. DATE SIGNED 8-26-66
1	22c. PHYSICIAN'S NAME (Type) Zsolt Koppar			ate Hosp, Owin	
23	(REMOVAL) (Specify) 8.30 .66	236. NAME OF CEMETERS ADDRESS	d Salvas	23d. LDCATION (City, town 3 altimos BY RECISTRAR 25b. REGI	e Wd STRAR'S SICNATURE
2	Lewell Buneral Horne	Pelegvillo-	8-22 DATAUG	31 1966 year	iarles Judge
	/ pelys,	ochar.			

₹ •			reen
are breatted.			oracides s
	self. Contain	. ETC.	atthi ende
		Letter	static covered
, 36 1 56 A	Fig. 1. William	62 p 63	
	W		PER SERVICE SERVICE
0.00	Employed verse hills	****	± mm mgm
	employ of all (a)		ah 200 km 12 (1901)
fannspiele galf	is apply whates books	eon enon	
	e room early for room		ricinol slow
		STAND TO	

20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

10947			
ALTONRAD T	OBAT BALL		SACREDA
	ENCIAS HOIRU	5719 51	CRAVIT THOSE
	4- MUOR	LATIGER	1706 (1707)
lugion II,	спласт С	2000 0	
	25-15-81		
.A.2.U Stronger	Rose Vellet New		TOTAL
			ENUIS INCO
THE DESIGNATION OF THE PARTY OF	CLER REV., VAN, ED.	made at set has	MARIA STATE
		PULMINAMY ROTSES	
	MOLOWNI I	IL ACOM ETC.	
	TRADETO CHANCE	35083 (CRUD) P5-1/	
Property No. 11.			
4 3 4 9	A DESCRIPTION OF THE PROPERTY		TANK THE TRANSPORT OF T
20/35/8 N		The Land Land	
OKATYANA	VAR, FORT TOWNS,	.0.W ,100	THE TOTAL STATE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE by the financial Pages 1 urs after MARYLANO CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours BALTIMORE .⊑ 10W501 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ately filled i bon papers. within 72 h e. IS RESIDENCE d. STREET AOORESS ON A FARM? 24 530 OVER BROO YES NO within etely carbon NAME OF Middle DATE Last Day Year DECEASED 19 66 comply (Type or print) 3 DEATH 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 5. SEX OATE OF BIRTH AGE (In Gears | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. remove 9. any and SI AN WIOOWED OIVORCED 10a. USUAL OCCUPATION (Give kind of work done sician lease r Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY COUNTRY? FOOD CROSS & BLACKWELL physi n ple val, ai death certificate 13. FATHER'S NAME attending phy srmt. Then p n of removal, MOTHER'S MAIDEN NAME FOWLER transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 212-09-7582 MAS. WINIFREDE. CLARKE (SAME the 18. CAUSE OF DEATH [Enter only one cause per lime for (a), been signed by the the burial-transit or to burial, cremat INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the prior underlying cause last. has 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate NO 20a. ACCIDEN WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) P 70 r this cer Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) DIRECTOR: After tage 3 should be de be de State factory, street, office bldg., etc.) Hour a.m. While Not While retained by p.m. at work at work m. 50 21. I certify that (I) (this hospital) attended the deceased from 6 6 P.M. from the causes and on the date stated above. saw the deceased alive on New and that death occurred at. 22a. SIGNATURE pe page ATTENOING MED. DIRECTOR PHYS 4 may O HOSPITAL PHYSICIAN'S 22d AODRESS FUNERAL director, p NAME (Type Page BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 Timonium .Balto .Co. Buria Mem Grds 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE AOORESS FUNERAL DIRECTOR Como York Road H.W. Jenkins 28 Sons 105 1966 VR A15 (4) DATE 20M 1/65

*** Managhard water 一番 コスタルでも SEL SHATTING CONTRACTOR OF THE SECOND CONTRACT WERT THE BASE MEDICAL STEEL STEEL OVER THE WAS A WALL OF THE BEST OF THE PARTY OF THE SECOND SECOND SECOND SECOND PROJECT CHALLES WITH THE WAR THE STATE OF DUSS IN THE LANGE OF THE LONG TO WAS IN THE WARRY LINE OF WALL HAT SHEET WEEK HEREIGH LEWISTANIES TO WASH SECTION TO ME WIN HERE I ES CHANKE CONTROLLE Renal Julius with dison warms Charge Jugsteraphis des Remyn Brodedin lescentropley montherine vardingarantar success Sond E. Homes Grade Park Med City The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH

		11/430 30 31A	
	oursents-		when - thing
		Turn's	. Stol sergent
			A STAR ATOM
			to the state of the state of
\$			
. Fela.			

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral es 1 and 2 and 2 death. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore b. CDUNTY MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Page hours Baltimore .= owson filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) n papers ithin 72 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3124 Northway onvalescent lowson NO P YES within 3. NAME DF First Middle Last DATE Month Day Year and complete remove parb DECEASED oale 66. (Type or print) Iscar 0 Hugust DEATH 19 executed 5. SEX 6. CDLDR DR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In Years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. DATE OF BIRTH Ma WIDDWED A DIVORCED 2 10a. USUAL DCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? Hardware Busine Kettred death certificate removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME oale Susan oale 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation. ame the CAUSE DF DEATH [Enter only one cause per line for (3), (b), and (c). ned by the INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed urial-tra DUF TD Cenditions, If any, which been s gave rise to immediate the to DUE TD cause (a), stating the prior 1 underlying cause last. has (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? 19. for use Health use certificate ND YES r this certif detached for te Dept. of H 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF OF OTH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While at work 19 p.m. 21. I certify that (I) (this hospital) attended the DIRECTOR: / deceased from saw the deceased alive on and that death occurred at _M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. DIRECTOR 9/66. PHYS. PHYSICIAN'S TO FUNERAL 22d. ADDRESS director, p NAME (Type) ork 23a. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY LDCATION (City, town or county) (State) REMOVAL (Specify) Baltimore, emeteri arrwoad FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE rcharles VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Louison generalizate in a 124 naraway dada co

ASSESS TO BEEN

weight of the course of the co

onesse , was teen if the she will be the see a seem

mon Louis Kiranga Re , will

1 14

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 10962 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) delay is and 3 to o. COUNTY a. STATE b. COUNTY death Balto. Balto. City MARYLAND Department b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3 write RURAL and give nearest town)
Randallstown after Baltimore 23 D. O. A. 30 4 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs alang with farm 2338 Eutaw Place Balto. Co. Gen. Hospital 8. Give Pages ate YES NO X after death. 3. NAME OF First Middle Last 4. DATE Month within 72 Day Year DECEASED Leon R. Coleman 2 1966 (Type or print) DEATH Aug. S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE X 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED dast birthday) Months Hours Days Oct. 10 1929 Male Colored WIDOWED DIVORCED 24 haurs event 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) f2. CITIZEN OF WHAT during most of warking life, even if retired)
Construction worker INDUSTRY COUNTRY? in any Const. Work Virginia pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil pending" in penci ef Medical Examin Nathaniel Coleman Minnie Bernett File and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED PORCES:
(Yes, no, or unknown) (If yes give wor or dates of service) 212-26-3740 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. ar remaval, Leslie Coleman, 2861 Woodbrook Ave., Balto. 17 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Fractured neck- Fractured rt. pubis IMMEDIATE CAUSE (a). used as a burial-trai burial, crematian, a This certificate shauld e, writing the ward farwarded to the Cl Fractured L. clavicle- Chushed chest-DUF TO 1 hr. Conditions, if any, which gave Puncture wound outer end rt. eyebrow rise to immediate cause (a), DUE TO stating the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate, NO X agent, priar ta pe 20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Steel cable on 3 shauld should crane broke- bucket & concrete pipe dropped on deceased. STAL EXAMINER: CAUSE OF DEATH MEDICAL (City or town) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) factory, street, affice bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page While at wark 8-2-66 Imperial Gardens Randallstown, Balto., Md. at wark designated 21. I certify that I taok charge of the remains described above, held an Autapsy Inquiry x Inspection x. and in my apinian the funeral directar. death resulted from: Noturol causes Accident X Suicide . Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 6 HanovendRd Sweet Raister stown, Md. 8-3-66 O FUNE Health D. D. Caples, M.D. NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVALI(Specify) 8-7-66 Church Brunswick Co., Gem. 2Sb. REGISTRAR'S SEGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR George D. Kelson, 1348 N. Calhoun St., Balto. 17, VR A15ME (5) Melantes 6M 1/66

#2601 Let I'. By L. Frank His North Halle Street ables of headsons - it sivered as -difficient in a carrier of the contract of Restaura de les serves de la faresta no elder loaden - in the same in the same come of the second of the seco Make your control of the control of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. Dr. I 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY after the MARYLAND by the Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) LIFETIME ALDWIN, BALTO, CO SALD WIO Ruges L filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? + JWEET AL YES NO executed within completely DATE carbon NAME OF DECEASED awilton 26 DEATH 19 66 (Type or print) TURNET DATE OF BIRTH 9. AGE (In year | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE emove 7. MARRIED NEVER MARRIED last birthday) | Months and any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done attending physician rmit. Then please COUNTRY? during most of working life, even if retired) and SELF-EMPLOYEC ETIREQ -13. FATHER'S NAME MOTHER'S MAIDEN NAMI ROWA 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death 8 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). been signed by the the burial-transit or to burial, cremat PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) DUE TO arleriosclerosis Conditions, If any, which 00 gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING 5 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While TO FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at I PM, from the causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) (State) LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF 23c. REMOVAL (Specify) RETAIR Rd. BALTO, CO. HE311507 URIAL 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 VR A15 (4) 15M 4-64

6 18 12 1 BALdwin Sales Arenes Come - Tack will Rated wind Alect the + Sweet are Mid Palitura Miller August Are With the 11-15-11-1883 TERRENT FORTHER THE BATTLE CO., AND CALLED WALTER H. CENKER BARBARA BERGE - STO YE STRUMENTY HILLE HIM SERVE BURKET PRINCESSES CHARACTERS OF Section W. Bargett, and The Matter Coulder State Patent Ret. The AUG. 10 18th The Sail age

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH a. COUNTY papers. Pages 1 and in 72 hours after after 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Baltimore Raltimore Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson .= Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE filled within 72 ON A FARM? 23 Dunvale Road 23 Dunvale Road Apt. A. Apt. A NO _ etely completely ve carbon 3. NAME OF Last DATE Month Year Marion DECEASED Michael Vincent Conte DEATH August 29. 1966 (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH Jast birthday) Months and 1899 Male February 1. WIDOWED | 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) physician n-glease r Norfolk, Virginia Antique Dealer - self certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Conte 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) same address as above Mrs. Dahlgren Conte World War I INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] been signed the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction Sudden Hypertensive arteriosclerotic C.V.R.D. 2 1/2 vrs.+ gave rise to immediate DUE TO cause (a), stating the Generalized arteriosclerosis, moderate 10 yrs. + underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? Acute anterior myocardial infarction April 11, 1966 OR ATTENDING PHYSICIAN: The be retained by the hospital or NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this 20d. INJURY OCCURRED 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, det factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) this hospital) attended the deceased from Jan. 12 , 1966, to Aug. 29, 1966, that (I) (we) last DIRECTOR: 19 66, and that death occurred at 3 AM, from the causes and on the date stated above. saw the deceased alive on Ang. 22a. SIGNATURE 22b. DATE SIGNED page Aug. 30, 1966 DIRECTOR FUNERAL PHYSICIAN'S ADDRESS director, p NAME (Type) St. Paul St. Balto. 18. Md. V. Rangle, M.D. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. REMOVAL (Specify) Burial Dulaney Valley Me. Pk. Cemety. Cockeysville. Md.
APORESS | 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

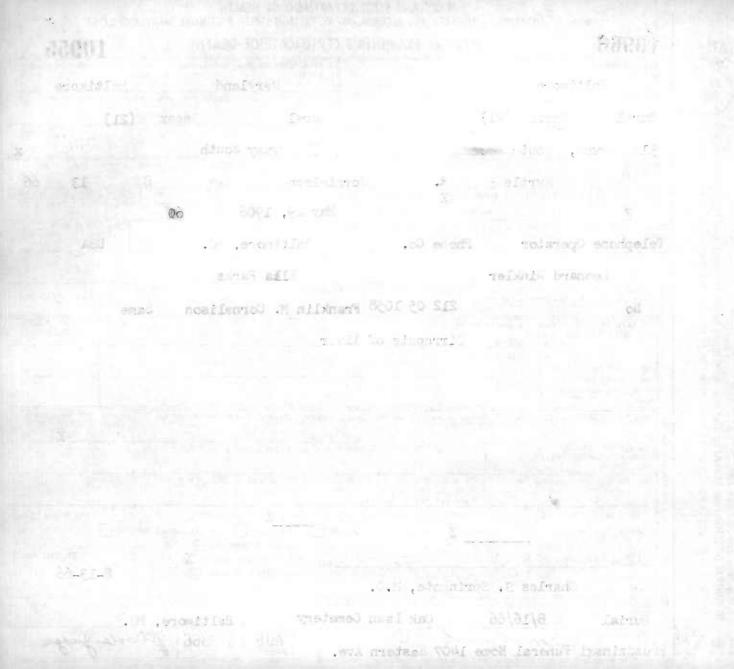
1		Division of STATISTICAL RE	RYLAND STATE DEL			MARYI AND
FOR STATE .			AL EXAMINER'S		OF DEATH	10954
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY BALTIMORE	MARYLAND		(Where deceased lived, If institution: L. COUNTY	Residence before admission
cessary, of the funeral e 5 may be. Department after death.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) FORT HOWARD	c. LENGTH OF STAY IN 1b		tside corporate limits, write RUR	AL end give nearest town
cess the fune 5 may Departm fter dea			5 DAYS	BALTIMO	DRE	30-4
Page 5 to the Page 5 to the Page 5 to the Dours after De Dours aft	7	d. NAME OF HOSPITAL OR INSTITUTION (If not) ETFRANS ADMINISTRATION		1035 Forres	et Street	e. IS RESIDENCE ON A FARM?
ab ob		NAME OF First	Middle	Last 4		YES NO NO P
72 the		DECEASED (Type or print) WILLIAM	HARRY	CONWAY	OF AUGUST	29 1966
ith. If a form Form P	5.	SEX 6. COLOR OR RACE 7. MARRI ALE NGEGRO WIDOW	TO THE MARKITON	8. DATE OF BIRTH	9. AGE (In years IFUNDE Months	FR 1 YEAR HELINDER 24 HRS
ter death. Give Page g with fo			D. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country) 12.	CITIZEN OF WHAT
after 3. Giv ong wong west	TI	CUCK DRIVER	INDOSIN'I	BALTIMORE, MA		COUNTRY?
pag in		JAMES CONWAY		14. MOTHER'S MAIDEN JULIA F	NAME ROBINSON	
nin 24 ho il in Iten r's Office nit. File oval, and	(Ye	no, or unkown) (If yes give war or dates of service)		N.RECORDS, VA	HOSPITAL, FT HOW	VARD, MD.
within pencil in miner's permit.		18. CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
rited Exal Sit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	NTRACEREBRAL FRO	ONTAL HEMATOMA	1	37 DAYS
d be executed "pending" in ! Medical Exa burial-transit cremation, or		(b)	ACTURE LEFT TEM	POROPARIETAL I	REGION, SIMPLE	37 DAYS
a et		geve rise to immediate cause (a), stating the underlying cause lest.				
ficate sho the wor to the Chi used as to burial	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMEQ? YES NO
or the trial	CERTIFICATION	DOIMADY CA OCUTOIDITING CT			Jury In Part I or Pert II of Item 1	
IER: This ce icate, writing e forwarded e 3 should 1 agent, pri	MEOICAL	Hour a.m. 7/23/66P.m. Wh	d. INJURY OCCURRED 20e. PLA facto facto vork at work hou	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	Baltimore, Mai	ounty) (State) ryland
certific could be es.	2	21. I certify that I took charge of the		ld an Autopsy 🔲 , 🛮 Ir	nspection 🔼 , Inquiry 🔀	, and in my opinion
FEDICAL EX. Cute the cage 4 shour riles of the court files of the cou		death resulted from: Natural causes	, Accident Sui		, Undetermined manne	er 🗌
ute to		ACTUAL MASS AND	V m	CHIEF MEDICAL EX		22. DATE SIGNED
5 90 0 0		SIGNATURE / / W	, , , , ,	DEPUTY MEDICAL	EXAMINER XX	8/29/66
DEPUTY Rease exerctor. Petained for Funeral		EXAMINER'S MELVIN B. DAVIS	•		INGTON ROAD, BALL	
TO DEPUT please e director. retained TO FUNER of Health	23a.	BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	BALTIMORE NA	TIONAL	BALTIMORE, MARY	YLAND
	24.		MARSHALL TONES	C THINTEDAT HOME	BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
VR AI 5ME (5) 5M 1/65	4	kushall N. Jones . h.	HARFORD AVE.	BAILIMORE, NA	RYLAND 1966 John	arles judge
	/	//	J- 1111 0110 11111	CEI	0 1 1000	0-4

1.5001				Taen 1
			1 180001138	
	C LINGSAN	STANKS.	C.	120
	Testas contos (501		oli udisa tant	YMORTUNG ATE
S 67 / Rate	UN THE TABLES	24		
	nstration of		OTEX	Di Bial
	MULTION, MARIA D			zve a jawa
	HISTORY LLEA		The state of the s	outrassatu
a Jama H	a. raceda, warearah,	io estai	Residence of the second	
	AMERICAN DE LO			
M VS. SELEC		<u>त्या गवास ४००</u> %	UNER THE	
Signa o	POTO A DE LA COLLAGA .	ALLE CHEST CONTRACTOR		
Designat , or			a = a = = = = = = = = = = = = = = = = =	
•				
	lacturas — Lamaria	ur en destat de	100	
	HOLE THE PARTY OF	HOG ATAMOM		

TENENT TOWNSHIPS TOWN ORDER

	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	10966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	55
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before	odmission)
e de de to	o. COUNTY Baltimore Maryland o. STATE Maryland Baltimo	re
d 3 to 9 see of 1 death.	b CITY OP TOWN (If gutside corporate limits I SPIRCTH OF STAY IN 1b CITY OP TOWN (If gutside corporate limits write PUPA) and also proported	
any delay is 2, and 3 ta PM3. Page ppartment of affect death.	write RURAL and give nearest town) Rural Essex (21) Rural Essex (21)	- /
Dep Dep	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	on a FARM?
- v = 0 =//		YES NO 🚾
haurs after death. Item 18. Give Page. Office alang with frank and 2 with the State	3. NAME OF First Middle Lost 4. DATE Month Doy OF	Year
g v g v	(Type or print) Myrtle R. Cornielson DEATH 8 13	
haurs after dec Item 18. Give P. Office alang wit 1 and 2 with the S event within 72	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys	IF UNDER 24 HRS Haurs Min.
12 e e	F W WIDOWED DIVORCED Pay 29, 1906 60 yrs.	
Office of the part	10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	WHAT
24 in I r's (es 1	during most of working life even if retired) Telephone Operator Phone Co. Baltimore, Md. USA	
within 24 pencil in 1 xaminer's (ile pages 1 ind in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
I with Exam	Leonard Winkler Elaa Parks	
P = E	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
executed nding" ir Medical I permit.	(Yes, no, or unknown) (If yes give wor or dotes of service) 212 05 1058 Franklin M. Cornelison Same	
INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages int, priar ta burial, crematian, ar removal, and in any	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	RVAL BETWEEN SET AND DEATH
e, writi farwara t used o	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	WAS AUTOPSY PERFORMED?
NER: This certificate, hauld be fulles. should be it, priar to	YE 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH. 201. THE CAUSE OF DEATH. 202. EXTERNAL CAUSE WAS CAUSE OF DEATH. CAUSE OF DEATH. CAUSE OF DEATH.	
(AMINER e the cer e 4 shaul rour files. age 3 sha agent, b	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While of work of work	(Stote)
o DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral directar. Page 4 shauld be fismay be retained for yaur files. o FUNERAL DIRECTOR: Page 3 shauld be Health ar its designated agent, priar ta	death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	
5 = + ~ 5 ±	Burial (Specify) 8/16/66 Oak Lawn Cemetery Baltimore, Md.	
ch (24 EUROPAL DIDECTOR 2 25th PEGISTRAP 2 SCHOOLSTEAD SIGNATUR	E
VR A15ME (5)	Bruzdzinski Funeral Home 1407 Eastern Ave. DATE	2

MARYLAND STATE DEPARTMENT OF HEALTH



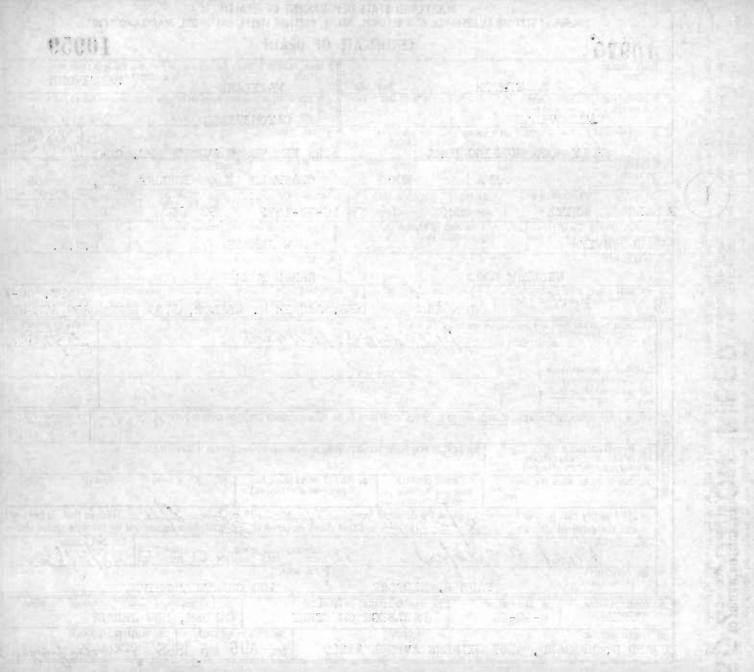
1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
th.		10967 Item 2 Se CERTIFICATE OF DEATH	10956
24 hours after death. filled in Dy the funeral appers. Pages I and 2 n 72 hours after death.	1.	PLACE OF DEATH a. COUNTY PLACE OF DEATH GREATER BALTIMORE CENTER 2. USUAL RESIDENCE (Where deceased lived, If Institution: Fig. 2. STATE b. COUNTY	esidence before admission)
Te te		BALTIMORE CO. MARYLAND Md.	
S al		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL	and give nearest town)
a E S	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
filled papers in 72			ON A FARM?
	3.	GREATER BALTIMORE MEDICAL CENTER 4404 Colmar Garden NAME OF First Middle Last (4. DATE Month	Day Year
rted within 24 completely fille ve carbon pape event, within 7		OFFICEASED (Type or print) BABY BOY CORRY DEATH 8 4	19 66
executed within and completely remove carbon promples on any event, within	٥.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER MALE CAU WIDOWED DIVORCED 8/4/66 97s.	Days Hours Min.
be ician ase nd ii	10a dui	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
cate	13	. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ding ph Then remova		CORRY, JOHN THOMAS HUME	
	15 (Yo	i. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
the by the ansitransit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A n 0 x ca	ONSET AND DEATH
that sicia med al-tra al, c		7615 DUE TO D	
phy phy phy sig buri buri		Conditions, If any, which (b) The was under, 2 6 where.	
law requires that the ittending physician. has been signed by the as the burial-transit prior to burial, cremat		gave rise to Immediate cause (a), stating the underlying cause last. DUE TO About December 100 CC	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health	ERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	.)
PHYSICIAN the hospit r this certi detached f te Dept. of		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Col	inty) (State)
	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work at work	
ATTENDING retained by CTOR: After should be vith the Stat		21. I certify that (I) (this hospital) attended the deceased from 8 - 4, 1966 to 8 - 7, 1966	6, that (I) (we) last
retained ECTOR: 1 3 should with the		saw the deceased alive on P 19.66, and that death occurred at \$25 M, from the causes and on t	ne date stated above. ATE SIGNED
DIRE Bee 3	1	Welliam 9 Inglifer M.D. ATTENDING MED. STAFF 8-	4-66
SPITAL 4 may VERAL tor, pa d be fi		22c. PHYSICIAN'S NAME (Type) N	MIUM
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	238	REMOVAL (Specify) X/6/66	unty) (State)
	X	UNEBAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
VR AI5 (4)	1	Then E. Whave W.O. GRACE DATE AUG 10 1966 golian	rley Judge
	/	6-221745	y. v

NEWS STATE SALTO, MD U.S. TAKES TO STANKE TO SEE TAKES OF SALE Organistan 8/6/66 Creater Rolle Week Carter Townson Y, red Hu & Dean W.D. Greece

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10968 CERTIFICATE OF DEATH deoth. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. STATE Maryland o. COUNTY b. COUNTY Baltimore Prince George's MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) Cheverly, Md. Timonium, d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Carlyle and completely filled remove carbon pap 5703 Y, within 7 Timonium Fair Grounds. YES NO X 3. NAME OF Middle 4. DATE Last Manth Day Year DECEASED Howard Coster Aug 20, 1966 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED n ony eve NEVER MARRIED last birthday) Manths Dovs Hours white male Sept 18, 1896 WIDOWED DIVORCED 1Do, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) buriol, cremotion, or removol, and in during most of working life, even if retired) COUNTRY? INDUSTRY Maryland tired Auditor Government 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jesse Coster Mary Bafford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknown) (If yes give wor or dotes of service) Josephine H Coster Cheverly, Md. yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital or attending physician. DUF TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the director, page 3 should be detached far use os the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW-INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) ot work at work . 19 60. to Our 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an Course 1966, and that death occurred of 125M, from courses and on the date stated above. 22b. DATE SIGNED 220 SIGNATURE ATTENDING PHYS. 0 DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR EREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Arlington National Aug 24, 1966 Arlington 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Gasch's Sons Hyattsville, Md.

		84611	
Miller Ho 12 CF			
		and the second of the second o	
ale ye	18 78 280		
	Districts 13 etche		
	The product of the second seco		
14. 14.	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
humani ana	ALCOHOL NOT THE STORY WILLIAM STORY		
	a tira sali a stiff sa ces		
911 LUIS N			
	NAME OF THE PROPERTY AND ADDRESS.		9
	doct to dua as the let ha		

Regul To an administration of the property of the party o And the same of th The same of the same of the same of the same of



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Costa MARYLAND b. CITY OR TOWN (If autside carparate limits c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town Balto Roughallstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE 72 hours ON A FARM? Bentro 3. NAME OF Middle DECEASED OF DEATH aura 9. AGE (In years / I F UNDER 1 YEAR NEVER MARRIED last birthday) Months WIDOWED F DIVORCED 11 BIRTHPLACE (State or foreign country) 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? 225 A during most of working life even if retired) LOUIS MARY 16. SOCIAL SECURITY NO. 17. INFORMANT forwarded to the Chief Medical (Yes, no or unknown) (If yes give war ar dates of service) or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) This certificate should cremotion, DUF TO Conditions, if ony, which gave rise to immediate cause (a). DUF TO stating the underlying cause 0 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. nonc 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Nat While e factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge its designated 21. I certify that I taak charge of the remains described above, held an Autapsy ..., Inspection ... Inquiry X, and in my apinian the funeral director. Natural causes X. Accident . Suicide . death resulted from: Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** Address (Street, city, tawn, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 0 2So. REC'D BY REGISTRAR

7110

VR A15ME (5)

DATE SEP

1966

Milane

TAPE

TO FUNERAL DIRECTOR: After this certificate hos been director, po

PHYSICIAN: The

requires that the death certificate be executed within 24 hours after deat

22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)

MD PHYS. 22d. ADDRESS DIRECTOR

22b. DATE SIGNED PHYS 8100 Hartord Road

23g. BURIAL CREMATION REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Holy Redeemer

emetery 2Sa. REC'D BY REGISTRAR

23d. LOCATION (City ar Tawn) (County) Baltimore.

(State)

24. FUNERAL DIRECTOR Inc. Balto. Md.

VR A15 (4) 20 M 1/66

2Sb. REGISTRAR'S SIGNATURE 1966

19601			
Land		10 mm 24	
	(
		to a complete	
			A Million - Trans.
Laber marginity with			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0962 hin 24 no.
y filled in by the funeral
y filled in by the funeral
ares. Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH h COUNTY a. COUNTY Maryland Baltimore MARYLAND ease remave carban papers. Pages I and in any event, within 72 hours after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 15 Baltimore 30 -4 e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? NO K 1513 Tunlaw Road St. Joseph 's Hoppital DATE Middle 3 NAME OF Last Day Year campletely DECEASED Victor DELCLOS August 24 19 66 J (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED AF NEVER MARRIED birthday) last Haurs 12-24-08 whit e male WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 10o. USUAL OCCUPATION (Give kind of work dane COUNTRY? during most of working life, even if retired)
Superintendent-Kotman INDUSTRY tian (0. 14. MOTHER'S MAIDEN NAME attending physic permit. Then ple 13. FATHER'S NAME burial, crematian, ar remaval, oseph WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN (Yes, na, ar unknown) (If yes give war ar dates af service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Diffuse Peritonitis IMMEDIATE CAUSE (a) DUE TO post-operative status. Resection of the Conditions, if any, which gave (b) rise to immediate cause (a), colon for adenocarcinoma. DUE TO ificate has been s for use as the b f Health priar ta b stating the underlying cause 4 may be retained by the haspital ar attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? State Dept. af Health A. Chronic Hepatic Abscess. B. Multiple MetastaticCa. to the Liver. NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor factory, street, office bldg., etc.) Haur a.m. Not While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram July 29, 1966, to August 24966, that (1) (we) last saw the deceased alive an August 24 19 66, and that death occurred a4:45PM, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING Aug. 24,1966 M.D. PHYS DIRFCTOR directar, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Road Balto. . Md. 21204 NAME (Type) Lawrence I. Misanik 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) timore, burral 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR AUG VR A15 (4) 20 M 1/66 Ruck Inc Baltimore. Md. 1866

50 1 21 1 Description of the second Carlo III and Note that the arts from the large and an extension of the section of 등 생물이 가지 않는데 없는 이 시간에 하는 가면 하는 사람들이 가지 않는데 살아 있다. with the production of the pro Land Town Town Street Com. S. PARTY OF STATE SAME

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		10974 CERTIFICA	TE OF DEATH	10963
	l.	PLACE OF DEATH a. COUNTY BATTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE BOLTTHY ONE b. COUNTY	n: Residence before admission)
-		b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 11		RAL and give nearest town)
		write RURAL and give nearest town) Towsow / Y R	BOSTIMORE	30-4
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	3607 GAPRISON BL	9. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED (Type or print) HORRY Roberts D.	Last 4. DATE Month OF DEATH AUG-	Day Year 19 6 6
1	j.	MARKIED NEVER MARKIED	Tille 15 1889 last birthday) Month	DER 1 YEAR IF UNDER 24 HRS. IS Days Hours Min.
1	0a	WIDOWED DIVORCED	o jis.	. CITIZEN OF WHAT
		UNEMPLOYED ALL OF KINE -	BALTIMORE, HO	COUNTRY?
	IJ.	WILLERY R. DELLA	14. MOTHER'S MAIDEN NAME ANNE C. DELLY	RoberTs
1	15. Ye	. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17 (If yes give war or dates of service)	informant ister 3687 He	enjon Blot.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	The	INTERVAL BETWEEN ONSET AND DEATH
		HAZAI DUE TO	1 mongoses	12 hr
		Conditions, If any, which gave rise to immediate (b) Here values	ed Arterioscherosu	5 m.
		cause (a), stating the underlying cause last.		
1012	101100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	- 1	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of Item	
TAN DAY	TO COLO		LACE OF INJURY (Home, farm, 20f. (City or town) (tory, street, office bidg., etc.)	(County) (State)
		21. I certify that Minthis hospital) attended the deceased from.		that pl (we) last
		saw the deceased alive on Aug 17 19.66, and the	nat death occurred at / 5 M, from the causes and o	n the date stated above. DATE SIGNED
	-		ATTENDING MED. STAFF PHYS.	mg 17,1966
1	i	22c. PHYSICIAN'S NAME (Type) James D. Drinkard, M. D.	The Shebpard and Enoch Pra P. O. Box 6815, Towson, Md	
2	3a.	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE		
-			ivet Baltimore	Md.
	24. G	. Howard Strong 3207 W. North Ave.	1110 0 0 1000 1001	Ar'S SIGNATURE

VR AI5 (4) 20M 1/65

5 5 MATERIAL PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPER . Selections, second selections CONTROL OF THE STATE OF THE STA services account 32 to a section 72 to a section of the section of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10964 10975 CERTIFICATE OF DEATH papers. Pages—1 and 2 in 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) a. COUNTY b. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs = NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS hin 72 l ON A FARM? filled YES NO NAME OF Middle DATE Day First Last Year DECEASED 1966 (Type or print) DEATH n any event, S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Manths Days WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or foreign country) and in during most of warking life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. INFORMANT TR 10 crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause be retained by the haspital ar attending this certificate has been Health priar ta lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20e. PLACE OF INJURY (Hame, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) Hour o.m. foctory, street, affice bldg., etc.) Not While While at wark at wark TO FUNERAL DIRECTOR: After 1954 , 1966, that (I) (we) las 21. 1 certify that (1) (this haspital) ettended the deceased fram. . to 19 C C, and that death accurred at 18. M, from couses and on the date stated above saw the deceased alive on. 22a. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. M.D. PHYS. TO HOSPITAL Page 4 may b 22d. ADDRESS 22c PHYSICIAN'S RATLIFF, JR SDMONDJEN MAZ NAME (Type) directar, shauld b 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH

10964	1000

MARYLAND STATE DEPARTMENT OF HEALTH

				87,4	
			orto anti-	1	
L.B. applicated					
- buner nowards if		Let have	24		
				a fait	
	and the state of				
e landaruk inabar iliku sa Landaruk inabar iliku sa Lakkiri da Iki	en de transco				
politicus idder (E.E.) State, in 1983 in 1975 in Politicus particus tradition and Alexander		the state		r sh r war	
I . I Towner A To Bearing at the					
1000 not not - tallet - true area from			strityeb		
and the same of any					

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 10973 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Scian and campletely filled in by the funeral, bease remove corban papers. Pages 1 and 10 pease 1 p PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY papers. Pages 1 c Baltimore MARYLAND Maryland Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b Baltimorive neorest town) Baltimofe e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS event, within 72 YES NO 4101 Slater Avenue St. Joseph Hospital 3. NAME OF Middle 4. DATE DECEASED 10 66 DILWORTH August 31 Francis Larmour (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 1902 7. MARRIED NEVER MARRIED lost birthday) Months Hours male white WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Glen Arm, Maryland U.S. Appliance Service 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julius Dilworth Emma Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 36 217-24-9937 Mrs Inez V. Dilworth 4101 Slater Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH severe throbophlebitis IMMEDIATE CAUSE (o) DUF TO signed t mutiple emboli Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO THE Par 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased from August 13, 19 66, to August 31 1966, that (I) (we) last saw the deceosed alive on August 31 1966, and that death occurred at 0.300 from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 8-31-66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road, Baltimore 21204 Myung Chang directar, shauld 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION, REMOVAL (Specify) Fork Meth emetery Fork 7066 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE SEP 1966 DATE

the state of the same			
	ABAM NEWAN		1097
Marthan			1. Trans. 186
	atoutfou		Septimization .
	WORLD FOR		OE Asolobida
O. IS DEPUT	AT OLULE	women a tollier.	
	mb eve		Audin States
		The state of the s	
	SPECIAL PROPERTY.		
	sal bihalogadi		
		and differ	The second second second
		et inner i selen	
		AND STREET, ST.	
in no dult be January	man agent of the same and a motion		
parent mark		Chang	10
Algan Symmatotal, La	5-10- 05-8°	Sincial of	purgi Tana
	The second second	Valence of the second	
TOTAL STATE STATE	No. of the second	HICE TO A STATE OF THE STATE OF	
955 Mental Man	19.138 mg Calaba		0.7

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10978 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY 2, and 3 to PM3. Page o. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limited by write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) 3 months Baltimore Barrisonumeroodamaa Riocat Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS in pencil in Item 18. Give Pages 1, Examiner's Office along with farm haurs 7562 Westfield Road 7562 Westfield Road YES T NO NO 24 hours after death. 3. NAME OF Middle Lost 4. DATE DECEASED LISA A. DIMARCO 66 August DEATH (Type or print) 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months May 6-1966 Female White WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Maryland d 'pending' in pencil in Chief Medical Examiner's dny None 14. MOTHER'S MAIDEN NAME executed within 13. FATHER'S NAME Joseph Dimarco Eve Ann Rodgers and 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service remayal Father, Mr. Joseph Dimarco, # 2,a,b,c,d. None 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Interstitial Pneumonitis. JD. IMMEDIATE CAUSE (o) used as a burial-tranburial, crematian, a This certificate shauld e, writing the ward farwarded to the Ch DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate. YES X NO 10 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Day. Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) 5 may be retained far yaur
O FUNERAL DIRECTOR: Page
Health ar its designated age Not While ot work 21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection . Inquiry , ond in my opinion the funeral directar. deoth resulted from: Noturol couses 🛣 Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8/4/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Aug. 6-1966 Baltimore County, Md. Gardens of Faith 25b. REGISTRAR'S SIGNATURE 2So. REC'D_BY_REGISTRAR 24 FUNERAL DIRECTOR DUDA, Dundalk, Maryland 1966 Traver Judge VR A15ME (S) DATE

00

value dans dans the control of the c

. 6,6 6 6 600.

15

192-10-112-1

STORE Sensitive Co. II Deep

270

ner mit die ni

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10979 FOR STATE HEALTH DEPTS I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY 0 ALTIMORE MARYLAND and 3 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) BALTIMORE BALTIMORE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office alang with form haurs Item 18. Give Pages 1, 3807 YES NO D 3. NAME OF 4. DATE Middle First Lost Month Year DECEASED HARLES 1966 w. DOHM AUg. DEATH (Type or print) with IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? JETSEY New _ Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME TONE and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address certificate shauld be executed remaval Almeda Dohm Above 3807 Copely Road 212-09-0828 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Б IMMEDIATE CAUSE (o). a burn. DUF TO Conditions, if ony, which gove ' rise to immediate couse (o). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS) PERFORMED? NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH OUCY nome 20d. INJURY OCCURRED O 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year (Stole), foctory, street, office bldg., etc.) While Not While of work of work may be retained for you, FUNERAL DIRECTOR: Page 1966 21. I certify that I tack charge of the remains described above, held an Autopsy ... ond in my opinion Inspection 1 Inquiry L Natural causes 1 Accident . Suicide Homicide . Undetermined manner deoth resulted from: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) WILLIAM Address (Street, city, Town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 50 REMOYAL (Specify) Baltimore Maryland
EGISTRAR | 25b. REGISTRAR'S SIGNATURE 9-2-66 Baltimore National 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE SEP Miarley Judge Lucas 4600 Liberty Hghts. Ave. 1966

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Besidence before admission) a. COUNTY BALTIMOLE by the Pages 1 MARYLANO c. CTTY OR YOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b on papers. Pag within 72 hours -BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRES PIDGE WAY MANOK. within carbon NAME OF First Middle DATE Last Month et DECEASEO OF ETHEL event. comple (Type or print) **OEATH** 5. SEX 6. COLOR OR RACE | 7. MARRIED T OATE OF BIRTH 9. remove NEVER MARRIEO and WIDOWEO I **OIVORCED** 5 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done) & State, or foreign country) ician ease during most of working life, everylf retired) INOUSTRY and FATHER'S NAME physi ᆸ removal, MOTHER'S MAIDEN NAME Then attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 1 17. permit. OL (Yes, no gor ankown) (If yes give war or dates of service) cremation. the been signed by the strength by the burial, cremation to burial, cremation CAUSE OF DEATH [Enter only one cause per line for (a), (b), requires that the PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the prior 1 underlying cause last. (c) 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health CATI certificate CERTIFI is ceretached for 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work P the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at saw the deceased alive on 22a. SIGNATURE be page ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN'S may FUNERAL 22c. 22d. AOORESS NAME (Type) director, should Page 23d. BURIAL, CREMATION, REMOVAL (Soechy) 2 FUNERAL

VR A15 (4) 20M 1/65

e. IS RESIDENCE ON A FARM?

YES NO Year Day

1966

AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min.

12. CITIZEN OF WHAT

Edra leasant

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO I

YES

(State) (County)

from the causes and on the date stated above.

LOCATION (CIty, (State)

25b.

4 11 15 ORGON BALTIMOLE Maryland weethings Paral-BASTIMORE INFORTH CONTINUES MILES ADDE WAY MANDA, CONSTRONG BE PERSON TO 18 8 ETHEL C DOX2EN Rung Z 60 W Moreh [1893 75 Parsente Ountreme Soft more Not Il at TO THE STATE OF TH N- parline and all shope all a start as Willian Sandeney 30 1 2 Aug 26 WILTON GOODPIAN AD 1337 aulphindern, Pel -21227 8-17-56 Draid River Come on Bleeser Ule 144 Medical Control Live To College & But and All and College To College

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1098	31		CERTIFICA	ATE OF DE	ATH		10969
I. PLACE DF DE o. CDUNTY	BALTIMORE		MARYLANI	o. STATE	SIDENCE (Where deceased lived MARYLAND	b. COUNTY CARI	ROLL
write RUR	OWN (If autside carporote limits AL and give nearest tawn) NOWARD		3 DAYS		OWN (If outside corporate limits	, write RURAL and give	e nearest town)
	IDSPITAL DR INSTITUTION (IF no			d. STREET AD	CHARLES STREET	r	e. IS RESIDENCE ON A FARM? YES ND
3. NAME DF DECEASED (Type or print	Fir ALB	ERTUS	Middle (NMI)	DURON	4. DATE DF DEATH	Month 8	1 Doy Year 19 66
S. SEX MALE	6. CDLDR DR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARRIED X DIVDRCED	8. DATE OF BIR	195 71 last b	irthday) Manths yrs.	Days Hours Min.
during most of we		HUMI	DE BUSINESS DR STRY STRUCTION	WES	ACE (County & Stote, ar fareign cau	intry) 12. Cl	TIZEN DF WHAT DUNIRY?
13. FATHER'S NA	AME RD HARDEN				MAIDEN NAME		
1S. WAS DECEAS (Yes, no, or unkn	ED EVER IN U.S. ARMED FDRCES? own) (If yes give war ar dotes a	service) 16. SDC		17. INFORMANT CLINICAL	RECORDS-VANOS	Address PITAL FORT	HOWARD, MI
Conditions, rise to imm	underlying cause DUE	CONG	ESTIVE HEAD		E VASCULAR DISEA	SE	INTERVAL BETWEEN ONSET AND DEATH MONTHS Years
PART II. OTH		(c) ONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PA	RT 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
DR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY DCCUR	RED. (Enter noture at	f injury in Port I or Port II of it	em 18.)	
	DF INJURY Manth, Doy, Yeor our o.m. p.m. 19	20d. INJU While of work	RY DCCURRED 20e Nat While of wark	. PLACE DF INJURY (I factory, street, affice		or town) (Ca	unty) (Stote)
	certify that 🕮 (this has he deceased alive an		d the deceased frai	that death acci	, 19 <u>.66</u> , ta <u>8</u> , urred at 10:30 M, fram		66, that 🕱 (we) he date stated abo
22o. SIGN/	121	Jal	my	M.D. ATTENDING	☐ DIRECTOR ☐ P	TAFF 22b. 0	ate signed 1/66
	(Type) SHELDON		TZ, M.D.		ospital, Fort		
230. BURIAL, CRI REMOVAL (S	Specify) \$/4	1//	23c. NAME DE CEMÎTERY	h Cemeter	y Westmi	nster Man	(Caunty) (Stote)
24. FUNERAL D	FUNERAL HOME	2.5.m.	ADDRESS WES	STMINSTER MD.	250. REC'D BY REGISTRAR DATE AUG 5 196	25b. REGISTRAR'S S	les Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and Page 4 may be retained by the hospital or attending physicion. VR A15 20 M 1/

2

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

17 (5)					
					1.
3J/08/LAO	GRAINEM			E 44 .49	7
	SECULO CONTRACTOR DE CONTRACTO	SYNC E			NOT THE
	referre samero es	6 6	MATURE	TEDAR	FILANSZERV
	6 Mayo	(267)	EULENELA		
	15 7805 4 1			CELE	SJA
U.S.A.	METALISTER, 10.	No. Talcanda l'a	1		sanor.
	GUETT ACA			MIGH	
T LOSE HOWYD?	A THEOLOGICA DESCRIPTION	IO HAG		I	F. C. L.
ndrack	TAILLER	CHAIR AVERGOR	0		
0750	MATERIAL MATERIAL		ž.		
	art of the second to be a property of				
K - A	1/8 - 26 65/1	20		4	
	VA Espical, Fort House	.0.14,3100	da La d	C. St.	
hastmax in	Serve Louis Carol Orași	di ramentici	22		Europa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10982 PLACE OF DEATH death. death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admissiph) a. COUNTY b. COUNTY a. STATE after Baltimore County MARYLAND MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers, 1-72 hours hours BALTIMORE Mount Wilson 三 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 728 ENSOR Mount Wilson State Hospital NO K YES | within etely carbon NAME OF Middle Last DATE Month Day DECEASED remove carb HN THOMAS EDWARDS compl (Type or print) DEATH 10 1966 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Oays | Hours | Min 7. MARRIED NEVER MARRIEO [Months Oavs Hours and WIDOWED DIVORCEO X 10a. USUAL OCCUPATION (Give kind of workdone! 10b. KINO OF BUSINESS OR physician please r 5 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INOUSTRY ROLIN BARTEND death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then removal ulius Edwards 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ned by the attendal-sitransit permit. Address (Yes, no, or unkown) (If yes give war or dates of service) Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART 1. OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a)_ signed DUE TO Conditions, If any, which (b) rise to Immediate OUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use certificate PERFORMED? the hospital or YES X NO T PHYSICIAN: 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached f MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 120e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work After at work p.m. P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: shoul M. from the causes and on the date stated above. 3 showith saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. OATE SIGNEO page ATTENDING MED. DIRECTOR M.D. PHYS PHYSICIAN'S FUNERAL 22c. 22d. ADDRESS director, p should be f NAME (Type) Wm. Newcomer Mount Wilson, Maryland DATE THEREO 230. BURIAL, CREMATION, REMOVAL (Specify) ERY OR CREMATORY 23d. LOCATION (City town or county) (State) FUNERAL DIRECTOR REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30 20M 1/65

Simple of the action of the second BEE31 22691 Bultimore County - County - Callette hourt, Milson THE PROPERTY OF Application state hostin syed! Action 1 Thomas 51392. 5 36 636310413332 A Action of the Action of the Action Tadigaol grade noalimith abnocal taken its Act to assist the same parent who have the 一个时间以 一个的一个一个 has break . H. D. . Saperint condent . Hount will sun, Haryd and AND THE PART OF TH

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (1971)
	BALTIMORE MARYLAND D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town) BALTIMORE BALTIMORE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 7317 PRINCE GEORGE ROAD 6. IS RESIDENCE ON A FARM? 7317 PRINCE GEORGE ROAD #7 YES \(\sum \) No \(\sum \)
	NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) MORRIS EHUDIN 19 66
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MALE WHITE WIDOWED DIVORCED 9. AGE (In years lift under 24 Hrs. last birthday) Months Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR INDUSTRY) RETAIL 11. BIRTHPLACE (County & State, or foreign country) RESSIA 12. CITIZEN OF WHAT COUNTRY? COUNTRY? USA
	3. FATHER'S NAME CHAIM EHUDIN UNKNOWN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) NO MR. HERMAN EHUDIN. 7317 PRINCE GEORGE ROAD #
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oute Courses Thymbox INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO DUE TO
140114	underlying cause last. (c)
OCCUPACION	YES NO Y
BATCHICAL	
	21. I certify that (I) (this hospital) attended the deceased from 12.65, 19 to 67.4, 19, that (I) (we) last saw the deceased alive on 14.65 and that death occurred at 14.65 from the causes and on the date stated above 22a. SIGNATURE 122b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) TAGERU CHEAR
216	NAME (Type) JOSEPH SHEAR 6715 PARK HEIGHTS AVENUE 3a, BURIAL, CREMATION, J. 23b, DATE THEREOF J. 23c, NAME OF CEMETERY OR CREMATORY J. 23d, LOCATION (City, town or county) (State)
	BURIAL REMAITOR, 23D. DATE THEREOF 23C. NAME OF CEMETER OF GREMATOR 23D. EDGATION (CIT), CONT. OF COUNTY, STATE OF CEMETER OF GREMATOR 23D. EDGATION (CIT), CONT. OF COUNTY, STATE OF CEMETER OF CREMATOR 23D. EDGATION (CIT), CONT. OF CEMETER 23D. EDGATION (CIT), CON
	SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN DATE SEP 6 1966 Clearles Queles

Now year 11971 THE THE PERSON NAMED IN The first law law with the first law to ALTER ALTER FOR STREET THE DAY OF THE PARTY OF THE PAR

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
4 204		10984 CERTIFICATE OF DEATH PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institution: Res	0972
after death. the funeral ges 1 and 2 after death.	1.	A COLINITY	idence before admission)
0 0		BALTO: MARYLANO MARYLANO MARYLANO	00
s. Pages hours aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	nd give nearest town)
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
90		100 th 01 th 200	ON A FARM?
	3.	NAME OF First Middle Last 14. OATE Month	YES NO Day Year
		(Type or print) WILHEMINA DEICHNER DEATH AVG. 2	-1 1961
)	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. ACE (in years I F UNDER 1	YEAR IF UNOER 24 HRS.
	10	WIDOWED DIVORCED MAY 18, 1889 77 yrs.	
	du	ring most of working life, even if retired) INOUSTRY COU	IZEN OF WHAT INTRY?
	13	FATHER'S NAME 14. MOTHER'S MAIOEN NAME	
		WETTERN hotknown	
	1! (Y	5. WAS OECEASEO EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)	1 - 0
		- Chevles E. Cuchner-19 6 + Cleft	les Reli
ciemation, or temova		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY:	INTERVAL BETWEEN ONSET AND OEATH
Duilai, cie		IMMEDIATE CAUSE (a) Lobar Pullumoned	4 days
/		Conditions, If any, which \ (b)	
		gave rise to immediate cause (a), stating the DUE TO	
	-	underlying cause last. (c)	
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	IFIC,	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	YES NO
	CERI	20a. ACCIOENT WAS UNDERLYINC ☐ 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTINC ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	ty) (State)
	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	
	П	21. I certify that (I) (this hospitally attended the deceased from 1956, 19, to 8/21, 1964	, that (I) (we) last
		saw the deceased alive on 8/21 1966, and that death occurred at 20 M, from the causes and on the	e date stated above.
		Reduced A. Malerin M.D. ATTENOING MED. STAFF BISTAFF BISTAFF	23/66
4		22c. PHYSICIAN'S 22d. AODRESS 22d. AODRESS	
1	-	TS00 1/1361019 1113 NV	/
an pinous	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	(State)
0	1	FUNERAL DIRECTOR ADDRESS 1 25a, REC'D BY RECISTRAR 25b. RECISTRAR'S	SICNATURE
By	L	Tarley- Covering H. Catonsull, Md, OATE AUG 25 1966 Aclien	la Judas
71	I	J ONIE STORY	00

150 TO 300 300 300 10 10 A 86 0.5 des ar TO SHALL STORE AND PROPERTY OF A DIN Y MAD A DO ST. DELLE OF WAR

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10973 CERTIFICATE OF DEATH certificate be executed within 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b bon popers. Page within 72 haurs o Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1208 Ramblewood NO TE Mercy Villa 3. NAME DF 4 DATE Year DECEASED OF DEATH Kathleen Keene Ellinghaus (Type or print) 8. DATE OF BIRTH S SEX 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Aug. 9, 1898 Dovs Hours DIVORCED | WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDIISTRY Retired - Clerk
13. FATHER'S NAME U.S.F. & G. Dorcester Co., Md.
14. MOTHER'S MAIDEN NAME Louis Bernard Keene Susan Mace 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 212-46-9733 Mrs. Margaret S. Wright Address requires that the death ho6Title Bldg 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TD stating the underlying couse the hospital or attending os the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use NO X 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 19 ot work ot work be retained by 3/. 19/0/a ta 21. I certify that (I) (this haspital) attended the deceased from... July aug 2 19 6 6 that (1) (we) last 3/ 19 60, and that death accurred at 630PM, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN' C. Flick 108 Edgewood Road NAME (Type) Elliott director, should be 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATDRY (County) Dulaney Valley Mem. Grds. Timonium, Balto. Co., Md. 24. FUNERAL DIRECTOR
H.W.Jenkins & Sons Co.

10973		10986
		777
	District 1	
	escalalad	
	oysina Mari	Company of the comp
Appendix	With the compatible	one motivation
	Config	
	of some country of	A. A. S. D. S. March L. S. J. A.
	ONDER THREE TO	proof being a tro

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, OD PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution) Residence before admission) a. COUNTY COUNTY Baltimore County MARYLAND b. CITY OR TOWN (if outside corporate limits, 986 c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Page hours Mount Wilson papers I = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) filled e. IS RESIDENCE d. STREET ADDRESS 24 ON A FARM? Wilson State Hospital NO I YES within pletely garbon p W NAME OF Middle DATE Last 4. Month Day Year DECEASED 8 66 compl (Type or print) DEATH 19 SEX 6. COLOR OR RACE and cor remove DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days Hours | Min. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED physician n please r val, and in = 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY, **COUNTRY?** ed by the attending phy-transit permit. Then p , cremation, or removal, FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) SRecords, Mt. Wilson State Hospital CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by purial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a). been Signal-tracks the burial-tracks 0021 DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO (a), stating as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached Dept. of MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. at work at work retained 3 should with the S 21. I certify that (I) (this hospital) attended the deceased from 1900 that (I) (we) last 66. and that death occurred at 2:30, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED 22b. ed ed ATTENDING DIRECTOR M.D. PHYS. PHYS. pa fil FUNERAL PHYSICIAN 22d. ADDRESS director, p M.D., Superintendent Mount Wilson, Maryland BURIAL, CREMATION, 23b. DATE THEREOF \$2 1,23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Millianella VR AI5 (4) 20M 1/65

Avent 38605 Manual grand of Court of the season Baldimore County 2473 5 mil Brown or 24 Mount wilson Negat Wilson State Hospital 2335 Bostona State STATE STATE SELECTION OF THE STATE OF THE ST 33 28.800 Ph Of Va ALV Estimation was Frank trade a Balton ou Mile WINDERD E BUPIS DORA BERGERNAW UKK VV.VV. I SIS-20-(St. Placords, No. Wilson State Nospital and the whitehall his beginning Mary Committee Committee of the Committe There was the design of the 92.12 S WITT OF Line Panconer, D. D., Superincendent Hount Wilson, Meryland ANDE CANADA CATHERAN DECKENGTON AND CURTIS E EVANS TO THE PUBLIC BUS PROPERTY OF THE PUBLIC OF THE PROPERTY OF THE PUBLIC OF THE

NULL CONTROL OF SERVICE OF SERVIC	
eriositation in the second second	
equipped meters (SSI)	Indizador firmos vác
The state of the s	retriajonali
Ber Steben A	
Armed Case Committee Commi	in the state of th
mentalist devenuels	mi atrol
The could did a sawer and become and a same	
	and the state of t
of the Control of the	
DECEMBER OF THE PROPERTY OF TH	
St. Sharts Verentury To Cartesons, Manager and the	. #8/51/01 #51468.
Attre or	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10976 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEAT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Baltimore h. COUNTY y delay is and 3 ta M3. Page o. STATE death. MARYLAND Maryland Baltimore delay i Department c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 P.M3. after Life Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Office along with farm 2614 Lynbrook Road 261 Lynbrook Road Item 18. Give Pages ate YES NO IX 24 haurs after death. 3. NAME OF and 2 with the Sto First Lost 4. DATE Month Doy Year DECEASED (Type or print) Entwistle Stephen 16 19 66 C. August DEATH IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Dovs White 4/29/65 Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages I in any Maryland U. S. rd "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within John Entwistle Sr. Joyce Parker File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Dundalk, Md. permit. remayal John Entwistle Sr. 2614 Lynbrook Rd. None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH DROWNING OL IMMEDIATE CAUSE (o) This certificate shauld writing the ward burial, crematian, DUE TO Conditions, if ony, which gove to rise to immediate couse (o), DUE TO stoting the underlying couse go lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO please execute the certificate, designated agent, priar ta 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE NOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) pluods EXAMINER: CAUSE OF DEATH. 20r. TIME OF INJURY Month, Doy, Yeor 34 delour Am. 8 1/21 20d INJURY OCCURRED 20e. PLACE OF INTURY (Home, form, Kity or town) (County) foctory Tee While Not While FUNERAL DIRECTOR: Page 6 1966 of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 1 Inquiry for ond in my opinion the funeral director. death resulted fram: Natural causes Suicide [Accident | Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL Z2. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY OL DEPUTY MEDICAL EXAMINER 6800 Mornington Rd. **EXAMINER'S** may Health (Melvin B. Davis Address (Street, city, town, or county) Dundalk. Md NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify)
Burial Baltimore Md. 8/19/66 Parkwood Cemetery ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ASH GCD BY REGISTRAR Mcliarles Judge VR ATSME (S) John J. Duda 7922 Wise Ave. Dundalk. Md. DATE 6M 1/66

Marie de promoter de municipa par partir de 18976 THE ALTERNATE DUDY Dundalar, line . In a lateral layer add a self-

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10989 CERTIFICATE OF DEATH funeral and 2 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY / timore aryland MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by emove carbon papers. Pag any event, within 72 hours write RURAL and give nearest town) ndon 2107 .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 Greater Baltimore Medical entral ave executed within and completely remove carbon p NAME OF Firshenry Mort Male Stanl OATE Month DECEASED (Type or print) DEATH remove 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) | Months | WIDOWED Ξ 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR d by the attending physician ransit permit. Then please cremation, or removal, and in or foreign country) be during most of working life, even if retired) INDUSTRY artist etired death certificate. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Frederic deLaRochefoucauld 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT wife (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Alice R. Farley, 115 Central Av., 213-16-3850 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] this certificate has been signed by the detached for use as the burial-transit bept. of Health prior to burial, cremates by PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO OF CALON Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) DRONCHITIS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I Dept. MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State by ATTENDING at work at work OR ATTENDIN be retained i 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at // M, from the causes and on the date stated above. 22a. SIGNATURE M.D. PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)

VR A15 (4) 20M 1/65 Stewart & Mowen Co., 108 W. North Av., Balto.1

Green Mount Cemetery

Aug. 4.1966

Cremation

24. FUNERAL DIRECTOR

Baltimore, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

Year

HE LINDER 24 HRS

19

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES Y

(County)

22b. DATE SIGNED

NO T

(State)

(State)

12. CITIZEN OF WHAT

COUNTRY?

Glyndon,

ON A FARM?

NO

the control of the co Delivered an audition of the same of the s

A so this are directly a but of the demands of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0978 10990 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the attending physician ond completely filled in by the funeral sit permit. Then please remove carbon papers. Pages Lead notion, agreemovol, ond in any event, within 72 hours affer, dead PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Reltimore MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore Baltimore e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 3128 Woodring Ave. 21234 St. Joseph Hospital YES NO 3 3. NAME OF 4. DATE Ferber Day Year DECEASED OF DEATH Febber Henry 28 66 John (Type or print) 19 Aug. IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours Aug. 21, 1966. WIDOWED Male White DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) COUNTRY? USA INDUSTRY Baltimore 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie Carolyn Rogers James Henry Ferber Mrs. Marie C. Ferber Mother 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Same) (Yes, no prunknawn) (If yes give wor or dates of service) None cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subdural h INTERVAL BETWEEN signed by the buriol-transit p burial, cremotic ONSET AND DEATH Subdural hemorrhage Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tran DUE TO Conditions, if any, which gave idiopathic thrombocytopenia purpura rise ta immediate cause (a), DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Kernicturus YES IX NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While at wark ot wark 21. I certify that (this haspital) attended the deceased fram Aug. 21 1966, to Aug. 28, 1966, that (1) (we) last saw the deceased alive an Aug. 28 19 66, and that death accurred at 5:30 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED Aug. 28, 1966 MED. DIRECTOR ATTENDING STAFF PHYS. M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. NAME (Type) 7620 York Road, Baltimore, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) 8/30/66. Holy Redeemer Cemetery Baltimore, Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 VR A15 (4) 20 M 1/66 1956

- 19561.4

× () 1		25607
		viela de
	A variety of the second	Archeel dends . 12
	endend gedung gedung	
	21, 106.	
		The state of the s
	Figure Law sky	
(same)	Topo	
	in a property of the paper of a chiefe of	
		A Section of the sect
	The color of the c	Control of the American Professional Control of the
A . 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3 .		
Visit Jungerry	atia , a say was line	almania bizatrali (Alama) a
in . in . or noted	tied grater research th	
	NA. 21214 AUG TO PAIG	Laconer L. Dick Inc. Balta.

1	1 Division of ST.		E DEPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE, M <i>I</i>	ARYLAND 21201
84	10991		ATE OF DEATH	10979
States 18	AME OF DECEASED ACTUBE CATHERINE	FINECEV	8/26/1966	4:50 p. M
offer of	BALTIMORE CO	NIAND	A. STATE 8. COUNTY	f institution: residence before admission) "IMORE COUNTY
Po	ULL NAME OF (If not in hospital of oddress or lacotion	ar institution, give street	C. CITY OF TOWN (If autside city limits, wi	te RURAL and give township)
hin 72 ho	1654 FOREST PA	PREK AVE.	BALTIMOCE D. STREET ADDRESS (If rural, give location)	03-1
	PALTIMORE 7, MD	•	1654 FORREST PARK	AVE
event,	EN 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 41	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
≥ 10A	USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
c Jone	during most of working life, even if retired)	at home	Baltimore, Md.	
E 13.	ousewife FATHERS NAME		14. MOTHER'S MAIDEN NAME	
000	James E. Egan		Gertrude McGee	ADDRESS
or removol,	Was Deceased Ever in U.S. Armed For ,no or unknown) (It yes, give wor or dote	tes of service) 16. SOCIAL SECURITY NO.	James R. Finecey, hu	
atian, or remo	18.	CAUSE	DE DEATH	INTERVAL BETWEEN ONSET AND DEATH
rem	DISEASE OR CONDITION DI	RECTLY	eoncho pNEUMONIA	4 days.
buriol, crematian, or rer	(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which caused	dying, e.g., DUE 10	EONE NO PINEVIONIA	
or to	491X ANTECEDENT CAUSES	(0)		
prio r	DISEASES OR CONDITIONS, if			
ealt	rise la lhe above cause (A) UNDERLYING CONDITION lost.	sloting the (C)		**************************************
iled with the Stote Dept. of Health prior to	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	CONTRIBUTING METASTAT ATED TO THE THE CEN		8 MONTHS
te D	22. certify that (1) (this hospite	t) attended the deceased from A		Ugust 26 1966
e Sto	that (1) (we) lost sow the decease	449	19 66 and that in(-)	opinion death occurred an the date
中		ited obave. (1) (Me) (did) (dtd noi)	view the body after death.	
×	23A. SIGNATURE	M.D. A	tending Med. Stoff	23B, DATE SIGNED
=======================================	Coward f. 4.	endason	tending Med. Stoff Phys. 123D. ADDRESS	HUGUST 28, 1966
d be	23C. PHYSICIAN'S NAME (Type)	- A M.D	11010 Protestanton P	REISTERSTOW
shauld be filed with the Stor	HOWARD H. SE A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF C		(City, town, or county) (Stote)
5 (4)	Burial 8/30,			,
25.	A DATE REC'DAUGEATIT DE 1966	258 MAME OF REGISTRAN	Schimunek Funeral	Home, Inc.

PERSONAL PROPERTY OF THE PARTY OF THE PARTY

build product all polyette description of the state of the

9	- 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	년 등 2 년	CERTIFICATE OF DEATH 10980
	after death. The funeral Ses 1 and 2 after death.	1. PLACE OF DEATH a. COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY MARYLAND MARYLAND DALTIMORE COV
	2000	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Mount Wilson C. LENGTH GF STAY IN 1b C. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) PIKESVILLE
	filled in b papers. Pa in 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	0	Mount Wilson State Hospital 10 IRVING PLACE YES NO
	completely we carbon with	8. NAME OF DECEASED (Type or print) S. NAME OF DECEASED (A. DATE Month Day Year DECEASED (Type or print) The property of the print of
	£ 280	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? PIKES VILLE, MARYLAND
	certificat Iding phy Then pl	13. FATHER'S NAME THO MAS E. FINNEGAN 14. MOTHER'S MAIDEN NAME KATHERINE WHITE
	h cert tendin iit. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Address
	death or atten permit.	(Yes, no, or unkown) (If yes give war or dates of service) 212-07-847 Rospital Records, Mt. WilsonSt. Hosp.
	hat the deal clan. ed by the al transit perr , cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN
	that the spician. Igned by ial-transital, cremital,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonory Tuber culosis Onset and Death Years
	physical signatural purial purial	Conditions, If any, which gave rise to immediate (b)
	ttending phas been as the prior to brior to brio	cause (a), stating the underlying cause last. (c)
	or a or a sate use ealth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE
	AN: pital pital pital d for of H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. (City or town) (City o
	OR ATTENDING y be retained by DIRECTOR: After age 3 should be lied with the Stat	21. I certify that (I) (this hospital) attended the deceased from 7-19-, 1960, to 8: 4., 1966, that (I) (we) last
	retz retz 3 sh with	22a. SIGNATURE 1 22b. DATE SIGNED
	- S - S -	Wm. Newcomer, M.D. Mencomer M.D. ATTENDING DIRECTOR PHYS. STAFF Section 1220. PHYSICIAN'S 220. PHYSICIAN'S 220. PHYSICIAN'S
	Page 4 may O FUNERAL Director, page should be file	Wm. Newcomer, M.D. Superintendent Mount Wilson, Maryland
	Pag Fo Fu dire shou	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
	0	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4)	Frank H. Newell Os Coville 8. Mex DATE AUG 12 1956 Milables Judge

SELLIE. Baltimore County AND THE SECOND Mount Wilson chate Hospital TO SHE WAS A MARKET OF THE WASHINGTON OF THE WAY OF THE PARTY OF THE P Name (1) A Property (1) MAN E FIN DEGAM Tall - T - Maspital Records, Mt. Wilsonst. Maspi per a attract de la companya del companya de la companya del companya de la companya del la companya de la comp Man. Mewcorter, M. D. Superiatendent Mount Milson, Warr Land

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10993 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE delay is and 3 ta Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, u. P.M3. write RURAL and give negrest town)
Catons ville 8mth8dvs Cockeysville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs with farm 15 Church Lane STATE HOSPITAL SPRING GRO VE State 2 hau in Item 18. Give Pages YES NO L 24 haurs after death. 3. NAME OF First Middle 4. DATE Month Dov Year DECEASED Wilbert August 14 19 66 Fishpaw with the (Type or print) DEATH Office alang 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 66 birthdoy) Months Dovs Feb. 3, 1900 white male WIDOWED DIVORCED event and 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) U. S. INDUSTRY_ broom industry Maryland Chief Medical Examiner's pages in any laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Malcolm Aquilla Mary Maggie Lishpaw File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Yes, no, or unknown) (If yes give war or dotes of service) remaval Records: STATE HOSPITAL 215-05-6646 G ROVE unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cardiac failure ar IMMEDIATE CAUSE (o) This certificate shauld crematian, DUE TO Cardiovascular disease Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse (d) Accidental fracture of right femur burial, c dS 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Dehydration p shauld be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Pt. fell on 7-20o. EXTERNAL CAUSE WAS its designated agent, priar 3 shauld PRIMARY For CONTRIBUTING CAUSE OF DEATH. sustaining an intertrochanteric frac. of right hip 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) nospital office bldg., etc.) Catons ville. Md. FUNERAL DIRECTOR: Page 7-25 19 66 ot work ot work please execute 21. I certify that I took charge of the remains described above, held on Autopsy Inspection K Inquiry X and in my apinian the funeral directar. Natural causes . Accident . Suicide . Hamicide | Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** 8-15-66 George M. Kieffer, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) 50 REMOVAL (Specify) VR A15ME (50) 6M 1/66

SCHEET STREET BG 9672 (2) CENT AND AND ADDRESS OF A STATE OF THE PARTY OF T THE LAND WATER and the state of t A COUNTY OF THE PARTY OF THE PA Coords . Link, E.S. -

81	DIVISION OF STATISTICAL RESEARCH AND RECORDS		, MARYLAND
	1094 CERTIFICAT	E OF DEATH	10383
1 Sound Millin 22 modules are and a sound and a sound	a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution a. STATE b. COUNTY	n: Residence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest town)
_	Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Baltimore d. STREET ADDRESS	30 - 4
T	orest Haven Nursing Home	4810 Coleherne Rd.	ON A FARM?
	NAME DF First Middle DECEASED	Last 4. DATE Month OF	Day Year
5	(Type or print) Daniel Fitzgibbons	DEATH August	
1	The state of the s	May 17, 1893 73 yrs.	DER 1 YEAR IF UNDER 24 HRS. IS Days Hours Min.
10 dt	Da. USUAL OCCUPATION (Give kind of work done IDD. KIND DF BUSINESS OR Uring most of working life, even if retired)		COUNTRY?
	Retired Supervisor B & O RR	Baltimore, Md.	USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Late-John J. Fitzgibbons 5. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	Late-Johanna T. Dee INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	s. Rubina L. Fitzgibbons-	4810
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Colehern	10 INTERVAL BETWEEN
38	IMMEDIATE CAUSE (a)	noonage	6 ivilles
	Conditions, if any, which but the conditions of any conditions of any conditions of the conditions of	wit in CUD	year
	gave rise to immediate cause (a), stating the underlying cause last.		
NOIL		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART :	L(a) 19. WAS AUTOPSY PERFORMED?
FICAT			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item	18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while at work 19 at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	(County) (State)
	21. I certify that (1) (this hospital) attended the deceased from	, , , , , , , , , , , , , , , , , , , ,	966, that (1) (we) last
	saw the deceased alive on Carry 19 6, and that	t death occurred at 39_M, from the causes and c	on the date stated above DATE SIGNED
	getting M.D		8/26/66
	22c. PHYSICIAN'S NAME (Type) John C. Pound, M. D.	3325 Frederick Ave.	
23	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or	
-		Baltimore, Baltimore,	
3,	Witzke F. D4101 Edmondson Ave.		arles Judge
=		1 2000	1

SEE CHEMINE OF THE

	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH
1	death. uneral and 2 death.	1. PLACE OF CEATH 1. PLACE OF CEATH 1. 2. IISIIAL RESIDENCE (Where deceased lived, if institution; Residence before admiss
		Baltimore County MARYLANO a. STATE Maryland b. COUNTY Baltimul
-	40. 00.00	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest to write RURAL and give nearest town)
	24 bours filled in by lapers. Pag n 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS pt. on the grounds off e. IS RESIDE
	y fille	Mount Wilson State Hospital Mr. Willen Tate Neys. YES NO
	completely ve carbon event, with	NAME OF DECEASED (Type or print) ANNA First Middle FOWLER 4. DATE Month 8 9 1960
	recute and con	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (In years IF UNDER 14 EN INTERNAL 19. AGE (IN years IF UNDER 14 EN INTE
0	be cian ase ase	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (Country & State, or foreign country) 11. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? COUNTRY?
	ificat g phy nen p noval,	13. FATHER'S NAME FREDERICK MCNEAL MARE! SELLERS
	ath cerd attendin rmit. Ti or rem	15. WAS OECEASEO EVER IN U.S. ARMEO FORCES? (Yes, no, or unknown) (If yes pive war or dates of service)
	de de	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	uires that the death cognitions as physician. In signed by the attence burial-transit permit. In burial, cremation, or remation.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) OF STANDO DEATH ONSET AND OEATH
	attending physician attending physician, has been signed been see as the burial-tran h prior to burial, creative	151X DUE TO
	uires g phy en si bur	Conditions, If any, which gave rise to immediate (b)
	law required attending partending partending partending partenders been eas the burn prior to burn prior to burn prior to burn attending partending parten	cause (a), stating the OUE TO underlying cause last. (c)
	he law or atte ore has use as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP
	V: The late or at incate by for use Health	YES NO
	PHYSICIAN: The hospital or a this certificate detached for use Dept. of Health	YES NO 20a. ACCIOENT WAS UNOERLYING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Pert of Item 18.)
	ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. CTOR: After this certificate has been signed by the should be detached for use as the burial-transit with the State Dept. of Health prior to burial, cremain	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State of Injury o
	ENDING Prined by the R. After fould be do the State	21. I certify that (I) (this hospital) attended the deceased from 4. 19 66, to 8: 4., 1966, that (I) (we)
	ATTENDI retained CTOR: A should rith the	saw the deceased alive on 3 4 1966, and that death occurred at 2.14, from the causes and on the date stated ab
	y be olike	MO. PHYS. DIRECTOR PHYS. STAFF DI 8-9-19 60
	TO HOSPITAL Page 4 may TO FUNERAL O director, page should be fill	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland
	Pag Pag TO Fu dire shou	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. MAME OF CEMETERY OF CREMATORY 123d. COCATION (City, town or county) (State)
	VR AI5 (4)	24. FUNERAL OIRECTOR 25a. BEC'O BY-REGISTRAR 25b. REGISTRAR'S SIGNATURE OATE AUG 1 2 1966 Misseles Judge
	20M 1/65	1. M. I thank he to make the but me in the

\$200 F Agency from Line to vot said Sal'simore Counts' Ly ma, 20 of Alexante Walton noul IN Faund doubt willeon State Hospital ECANAM E TAME FOULED V 4 36 1913 53 15-23 DE 3/1 mental in all pull PREDERICK ALVENDEL SECLERS gy & cyphospical Records, Mt. WilsonSt. Nosp. and the second of the second of the second Went Way Comment, No. 1, Day Suggerint and dest Mount Wilson, Mary Land Bring Hill Courtes & Saillean Files

	CHARLES THE MINE STATE OF THE S	MATTER LAND OF	
b			96601
	after County	Constant Const	
e TES Transpor		A SHOP	
			edic stant
		William He College	
dy said			
			Service State of the service of the
	TO A STATE OF THE SAME OF		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10997 death The law requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral femore carbon papers. Pages I and in any event, within 72 hours after doots PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Baltimore b. COUNTY Maryland MARYLAND CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 9vr6mthl6dvs Baltimore # Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street address) d. STREEJ ADDRESS e. IS RESIDENCE ON A FARM? 11 South Bouldin Street SPRING G ROVE STATE HOSPITAL YES NO T 3. NAME OF Middle First 4. DATE Manth Doy Year DECEASED Andrew Frank 19 66 August 30 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Haurs Days white male WIDOWED DIVORCED Aug. 1, 1922 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)

chauffer INDUSTRY attending physician permit. Then please and U. S. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lawrence Frank Elizabeth Buettner 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, ar unknawn) (If yes give wor or dotes af service) 216-12-7222 Records: SPRING STATE GROVE 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL RETWEEN burial-transit ONSET AND DEATH Adenocarcinoma of the right sigmoid IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached far use State Dept. af Health NO TY YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While at work at work Feb. 13, 19 57, to Aug. 30, 1966, that (I) (we) last 21. I certify that (Ex (this haspital) attended the deceased fram. shauld 19 66, and that death accurred at 1:30M, fram causes and an the date stated above saw the deceased alive an Aug. 30 22a. SIGNATURE 22b. DATE SIGNED MED Aug. 30,1966 Lecca directar, page 3 shauld be filed M.D. STATE HOSPITAL GROVE 22d. ADDRESS 22c. PHYSICIAN'S Baltimore, Maryland 21228 NAME (Type) 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b DATE THEREOF (County) REMOVAL (Specify) MD SACRED HEART CEM 7401 GERMAN **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

1861)			Teene
	of magnet 199		
	and the state of t		pt. I et al. fix.
	4 9		sill holo cults
	All 52250		
			Ath I barries
	albeite gert getagende		The second secon
All an Sal Tours		Sac Single	
abor . a. k			
89 / Laf 4.		ku Na ematrida	
toma, storing	Total	*	
100 Area (100)			

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYI

a. IS RESIDENCE ON A FARM?

YES NO X

19 66

PERFORMED? NO

(State)

22b. DATE

SIGNED

اعد) (اعبد) (اعبد) last

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

300-Ramsev

gewat

(County)

Year

Day

That E Vilougic Congress 15 The Port HERVEY BEEFE THOUSE THOUSE TO STEEL TO SEE THE SEE - 30/0/3 - 01/6/1 - 00/06/1 - 00/06/06 - 00/06/06 Parte 18581 18581 18 9 11 9 11 AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1098810999 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland a. COUNTY delay is and 3 to M3. Page death. Baltimore Baltimore MARYLAND Department b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b after Towson Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Ruscony Apartments along with farm haurs pencil in Item 18. Give Pages 1, after death. If St. Joseph's Hospital Stoney Run Lane NO X YES | 3. NAME OF Middle Last 4. DATE Manth Day Year DECEASED within GRACE GALLOWAY MAXIX XXXXXXX (Type or print) 8 DEATH 66 S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** last birthday) Manths Haurs 5/10/06 DIVORCED KX Female White WIDOWED 24 haurs Office (10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? d 'pending' in pencil in Chief Medical Examiner's Housewife Maryland Own Home USA pages in any 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Edmund Budnitz pub Grace Falck IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address or removal. (Yes, no, ar unknown) (If yes give wor or dates of service) 218-12-2982 Emil A. Budnitz 300 E. 30th St. Balt. Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Pulmonary edema IMMEDIATE CAUSE (a) 260 X certificate should e, writing the word forwarded to the C used as a burial-tr burial, crematian, DUF TO Conditions, if ony, which gave Diabetes mellitus rise to immediate cause (a). DUE TO stoting the underlying cause last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate, NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) ploods agent, prior PRIMARY ar CONTRIBUTING should CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XX Inquiry [and in my apinion the funeral director. death resulted from Natural causes X Accident Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER & SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 8-5-66 5 may ro FUNE Health RUDIGER BREITENECKER, M.D. Address (Street, city, tawn, ar caunty) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial 8/8/66 Baltimore Co. Md. Bruid Ridge 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ALSME (SI Marlen AUG 1966 Wm. Cook-Brooks Inc. 1217 St. Paul St. Balt.Md.DATE 6M 1/66

Constitution of the consti	1,9607	, D	WINDS TO DIAS			00011
Communication of the control of the	e-contitue.				Plobal 1 d	
Charter ingland Clark ing the Color of the C						ENG T
Character implies Jornal de introchae de la Chara (Chara) Lo (212-07-578) Tra. da (Chara) Lo (212-07-578) Tra. da (Chara) Lo (122-07-578) Tra. da (Chara) Lo (122-07-57		. was saled a				
All the state of t		* (Iff	and a state of	mox14		
Month of Street School (Chira) No. 212-03-5783 Tra. An V. Carroldon (Chira) in laying a class with electrics interestion. in laying a class with electrics interestion.			Shelle 1			
An V. Marrotton (Since) in important Advisor with electrical actions. in important Advisor with electrical actions and action and actions are actions. An electrical action and action action. An electrical action action action action action action action action action.				niogista.		
The control of the state of the		Clera ?		donatio	him him mal	
	Farmer VIII					THE RESERVE THE PARTY OF THE PA
			elegy affa am	en granalisi		
				ba granosta i		
				en Carmonio i		
			ma with elocut	en granalia i		
Party 1 18/30/66 - Scalewridge Formund Com. 1 32 reader 10.				en Carmonio i		
					art franc	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10990CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral 1 ang PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Baltimore Maryland b. COUNTY MARYLAND and campletely filled in by the fur remove carban papers. Pages 1 in any event, within 72 haurs after c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b. write RURAL and give manual town) Baltimore 21222 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? St. Joseph Hospital 2 Everlasting Lane YES | NO 3. NAME OF Middle 4. DATE Manth Day Year DECEASED Elsie Geyer August 66 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Manths Davs Haurs Female white 4-23-07 WIDOWED and in any DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? pledse during most of working life, even if retired) Pennsylvania Own Home USA Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Otto Schmidt Roessler 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Baltimore, Md. 24222 (Yes, na. ar unknown) (If yes give war ar dates of service) 217-12-0107 Stephen K. Geyer Sr. 2 Everlasting La. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Carcinomatosis IMMEDIATE CAUSE (a) DUE TO signed | Primary: Distal 2/3 of stomach and duodenum Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause as the prior tal Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) While Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased from August 10 1966 to August 12, 19 66 that (I) (we) last saw the deceased glive an August 12 19 00, and that death occurred at 10 2 m, from couses and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR **ATTENDING** Aug. 12,1966 M.D. directar, page 3 should be filed PHYS. pa 22c. PHYSICIAN'S York Rd. Baltimore. Md. 21204 NAME (Type) Dr. Myung Chang 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Maryland Meadowridge AA County 8/16/66 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1217 St. Paul St. VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Inc. Baltimore, Md. 21202 1966

380 8-24-66 MARYLAND STATE DEPARTMENT OF HEALTH

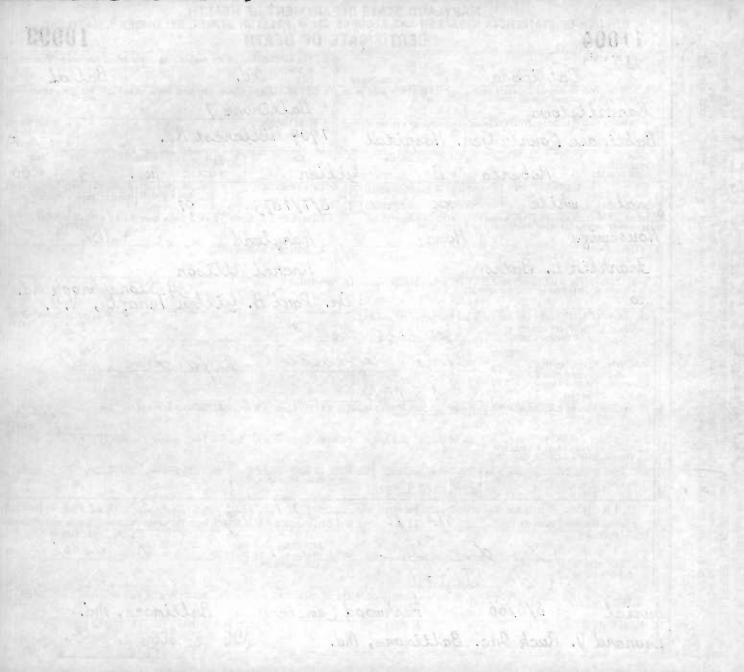
SERVICE Mileson . The THE RESIDENCE OF THE PARTY OF T Lang the Land Land Land Male . M. conduction . I show that The Britain United THE PARTY SET THE WINDS SHEET AND THE PROPERTY OF THE PARTY O

VS ·A1S (4) 1SM 9/SB : Destrictions The second line and the Year tell between the second at the second Manager old sames .am fine programme and the second

IS RESIDENCE ON A FARM? NO X Month Dov Year AUGUST 8 66 19 IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. lost birthdoy) Doys Months Hours 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? U.S.A. VA HOSPITAL MARYLAND INTERVAL BETWEEN ONSEL AND DEATH YEARS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES XX NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (City or town) (County) (Stote) 19 66 ta AUGUST 8 1966 that saw the deceased alive an AIIGUST 8 19 66 and that death accurred at 5154 M, fram causes and an the date stated abave. O FUNERAL DIRECTOR: 8 66 director, page 3 shauld be filed v VAH FORT HOWARD, MARYLAND 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8-11-66 BALTO. NATIONAL BALTIMORE, MARYLAND BURTAL 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Inc. 5305 Harford Rd. Balto.Md. VR A15 (4) 20 M 1/66 G J. RUCK 1966

0.04				
	CHATTERS	Sparr	us .	
	RAME IN THE	exac.3s	QE1840H 7500	
	den atma ciri	JATISTEE .	DEPARTEDIENTA EVASION	
od to revol	A HORRIO	700000000 7	MATALLIM	
	32 1921 , 1931 57		arm arm	ć
44.00	CALIFRA SEXTELS			
E INCLASION AND AND AND AND AND AND AND AND AND AN	CARCELLA SITEMENT		NOTETO STEECH	
Eleatons, dirano	ALDITICAL RECORDS FORE H	23.6 05 15 35 1	II W	
NAT SE	SOUTH TAN	ow was deep, us		
E SANY WA		Val 10 alkobalu		
			AND THE MATCHINE	
A Principal and TE		to a substitute	MA - A - A - Managaraka	
E MAIS	AS A MAKE THOSE TAY	.0 .1.	Tenur a a summer	
	STORES YA	RETURN . COLLAR SIGN . As brolus		

2	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 62
	£ 700£	11004 CERTIFICATE OF DEATH 10993
	er death.	1. PLACE OF DEATH a. GOUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE M. GOUNTY Baltimore MARYLANO
	by the Pages 1 after after	b. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	in b in b hours	Randallstown Baltimore 7
	ited within 24 hours after completely filled in by the ve carbon papers. Pages 1 event, within 72 hours after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Baltimore County Gen. Hospital On A FARM? YES \(\sum \) NO ((1)
	within npletely carbon put, with	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Roberta B Gillen DEATH Aug. 3 19 66
	executed within and completely remove carbon I any event, with	5. SEX 6. GOLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year's last birthday) 4 white widowed Divorged 8/1/1875 91 yrs.
		To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10. KIND OF BUSINESS OR II. BIRTHPLAGE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOME Maruland
	certification of Then of removal,	3. FATHER'S NAME Franklin L. Bates 14. MOTHER'S MAIDEN NAME Rachel Allison
	eath certifi attending ermit. Ther on, or remov	15. WAS DEGEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SEGURITYNO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Or. Paul B. Gillen Tenatly, N. J.
	ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician. CTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept.	18. GAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Claralization Carrell ONSET AND DEATH
	w requires that the ending physician. Is been signed by the burial-transit rior to burial, cremand to burial	Conditions, If any, which gave rise to Immediate (b) Counte negativation of the country of the c
	aw requirending has been as the prior to	cause (a), stating the underlying cause last. (c) A SMO
	CIAN: The law ospital or atten certificate has hed for use as to differ the print of Health print of the certificate as the certificate has been seen that the print of the certification of the certi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OGGURRED. (Enter nature of injury in Part I or Part II of Item 18.) UNDERLYING CAUSE OF DEATH CONTRIBUTING CONTRI
	PHYSICIAN: the hospital r this certifi detached for te Dept. of H	
	DING PHY ed by the After this Id be deta e State De	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (Gity or town) (Gounty) (State) 20mm 2
	ained ained OR: Af	21. I certify that (I) (this hospital) attended the deceased from 8/1, 196, to 8/3, 196, that (I) (we) last saw the deceased alive on 8/3 196, and that death occurred at 3/4, from the causes and on the date stated above
	DIR be	222. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 8/3/66
	ment yes a me bloom	22c. PHYSICIAN'S NAME (Type) L. de JOVA 22d. ADDRESS
	Page 4 mg TO FUNERAL director, p	23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY Baltimore, Md. (State)
	VR A15 (4)	24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Md. DATE AUG 8 1866 Florales Jungar.
	20M 1/65	



	. Reur		30011
SCASS ST. 11-1 ON TO THE COLUMN TO THE COLU			OUT TO SEE
interest the property of the p			
Left in the control of the control o			
And the second s		A STATE OF THE STATE OF THE STATE OF	
And the case of the contract of the case o		. ok tolyna till	dething the contra
All the control of th	a da	Maria Viena ven civer	igrai
The control of the co		74 July 1, 0, 30 July 1	A PART TO WAR IN SECURIT
The small spot was a surprised with the state of the stat			
That total result and the control of			
Alex Sent report and the connected of th			
		The desidence to a conserva-	
AND THE RESERVENCE OF THE PROPERTY OF THE PROP			
ACCEPTATION OF THE PROPERTY OF			
	end vode		

	1	1	MARYLAND STATE DEPARTMENT OF HEALTH A DIMISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	LAND
2	सं न्यार		CERTIFICATE OF DEATH	995
Carried St.	er death		1. PLACE OF DEATH a. COUNTY BALTO. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence a. STATE D. BALTO.	before admission)
	by the Pages 1 urs after		b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	/e nearest town)
	g = . ŏ). IS RESIDENCE
	filled in by papers. Pa	00	17:0 W 1.36: 05 1219 MOUNT PINCEPH	ON A FARM?
	executed within and completely remove carbon p		3. NAME DF First Middle Last 4. DATE Month Day DECEASED (Type or print) TOSEPH A. GRABER DEATH AUG. 2	Year 1966
	xecuted w and comple emove carl any event,		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR last birthday) Months Oays	Hours Min.
			WIDOWED OIVORCED 10. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) OIVORCED 10. INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	OF WHAT
	D 200 E	711	SUPERVISOR METALS PENN.	
	ding of Their removal,		13. FATHER'S NAME A DAM GRABER 14. MOTHER'S MAIDEN NAME EVA	
	the mit.		15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dates of service) 2/5-10-0/37 Mrs. Catherine Israber - 6319Mh Refy	RO.
	the deal by the al nsit pern		DWC	RVAL BETWEEN ET AND DEATH
	s that the ysician. igned by the rial-transit rial, cremanant		PART I. DEATH WAS CAUSED BY: Congestive heart failure	days
	ysich gne ial-t ial,		4 2 2 / DUE TO	
	ph sin		Conditions, If any, which gave rise to immediate (b) Arteriosclerotic 6. V. D.	
	aw requir ttending p has been as the b prior to b		cause (a), stating the DUE TO underlying cause last.	
	law atten has e as e as			WAS AUTOPSY PERFORMED?
	PHYSICIAN: The law requires that the hospital or attending physiciar this certificate has been signed detached for use as the burial-tra Dept. of Health prior to burial, cr	0	2 DA ACCIDENT WAS INNERLYING 1 200 DESCRIBE HOW INITIAL TO THE LAST LAST S - INITIAL TO THE LAST S - INITIAL TO THE LAST LAST S - INITIAL TO THE LAST S - INIT	ES ND N
	PHYSICIAN: the hospital this certifi detached fo e Dept. of H			
	NG PHY: by the fter this be deta state De		2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	(State)
	e d A		21. I certify that (I) (this hospital) attended the deceased from 7/7 1966 to 8/2 1966, the	hat (I) (we) las
	OR ATTENDI be retained IIRECTOR: A ge 3 should sed with the S		saw the deceased alive on 8/2/1966, and that death occurred at 8 3/15M, 4 on the causes and on the dat	
U			The Xendlas M.O. ATTENDING MED. STAFF 8/4/6	
) HOSPITAL OR ATTEN Page 4 may be retain I FUNERAL DIRECTOR: director, page 3 shou should be filed with th	1	22c. PHYS CUN'S NAME (Type) Herbert J. Levickas 1073 Maiden Choice Lane	
	Page 4 mr. To FUNERA director, should be	0	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
		2	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	IATURE
	VR AI5 (4)	16	Tolleg-Covering RTH Colonwills, Med. DATE AUG 5 1966 yellerles	Judge
	20M 1/65			U

The second secon

A William Control of the Control of

STATE OF SOMETHING THE STATE OF THE STATE OF

. O . V . E called and the state of the land

Sales of States of

- alaniantes eviennesse distribution out in modificant

Deriver V. Ferteine 1071 Little Onder Lane V

Schimunek Funeral Home, Appress 3331 Brehms Lane

1	a. COUNTY	Baltimore		MARYL	AND	o. STATE Md.		b. COUN	ITV	imore
	b. CITY OR TOWN (write RURAL an	If autside carparate limits, d give nearest tawn)		c. LENGTH OF STAY IN	l lb	c. CITY OR TOWN (If o		te limits, write RUF		
		ssex				E	ssex		- 6	3-1
		AL OR INSTITUTION (If nat		,		d. STREET ADDRESS		J. J. J.		e. IS RESIDENCE ON A FARM?
	504 Ge	eorge Ave.	, 212	21		504 Ge	eorge	Ave.	1 158	YES NO
I	3. NAME OF DECEASED	Firs J E N		Middle		Last	4. DATE OF	Mant		Ooy Year
	(Type or print)		NIE			RANDE	DEATH	August	14	19 66
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9	. AGE (In years last birthdoy)	Months Day	
	female	white	WIDOWED	DIVORCED		9/18/94	18.8	71 yrs.	Months Day	rs Hours Min.
	100. USUAL OCCUPATION	(Give kind af work done		ND OF BUSINESS OR		11. 8IRTHPLACE (County	& State, or fo	reign cauntry)	12. CITIZEN	
	during most af warking Housev	lite, even it retired)	IN	at home		Italy			COUNTR	Y?
1	13. FATHER'S NAME	7220		at nome		14. MOTHER'S MAIDEN	NAME		1 0.5	A
	Ant	onio Del	Sordo			Antoi	nette	Bianio	cinoll.	
ŀ		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17 10	FORMANT 4346				
7		(If yes give war or dotes of		OCIAL SECONIT NO.	An	thony V.	Grand	le, son,	9., 41.	200
F	I 18 CAUSE OF D	EATH (Enter anly ane caus	ner line for	(a) (b) and (c))	0	1 - 11	, 1	-		INTERVAL BETWEEN
		TH WAS CAUSED BY:	/1	-la-war	land	5 HL	1	har		ONSET AND DEATH
-1	14.700	IMMEDIATE CAUSE (c		FOTT		~ 1-90				10.78
	Canditians, if any	blab anna s								
	rise ta immediat	e cause (a),								
	stating the unde	riving cause							3.00	
	last.) (4					10 WAS AUTORSY
	PART II. OTHER ST	GNIFICANT CONDIFIONS CO	NTRIBUTING T	O DEATH BUT NOT RELA	ED TO T	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
	200. ACCIDENT WA	Ju Ju	chel	nu	M	~				YES NO Z
	20o. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OC	CURRED. (Enter nature of injury in	Part I or Par	t II of item 18.)		
		MEDICAL EXAMINER)	-							
		JRY Month, Day, Year				E OF INJURY (Home, far		(City or town)	(County)	(State)
	Hour o.i	10	While at work	Not While at work	tacto	ry, street, office bldg., etc.	.)			
-1	21. I certi	fy that (I) (this hasp	ital), attend	ded the deceased f	ram	Fal-	19/4631	o aug	, 19 66,	that (I) (we) la
		eceosed alive on		19 Gb, a	nd that	death accurred a	8 AL N	I, from courses	and on the a	late stoted abav
	22a. SIGNATURE	(N) 11	11-	PA		ATTENDING	MED.	CYAFF	22b. DA/E S	IGNED
		Whet	4. 1	vs den	M.D		DIRECTOR	PHYS.	8/1	5/66
	22c. PHYSICIAN'S		1 T .	den		22d ADDRESS G	oldon	Ding D	oad	1
	NAME (Type	DI. ROBE	Ar T)	hell		0402 6	orgen	KING R	Jau	
1	23a. BURIAL, CREMATIO		EOF	23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LO	CATION (City or Tox	wn) (Cou	nty) (Stote)
	REMOVAL (Specify	8/17/	66	HOLV Re	deer	ner Cem.	Ba	ltimore	. Md.	

2Sa. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

2Sb.

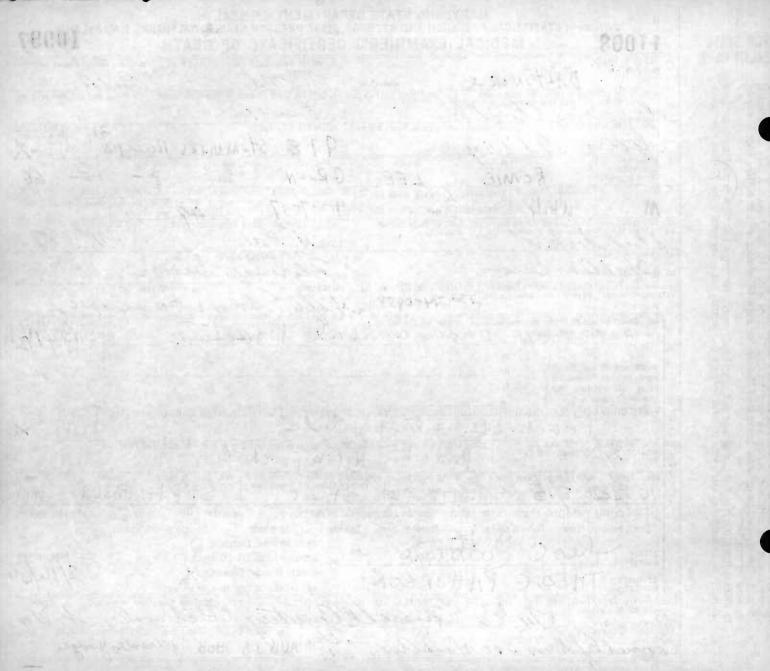
1966

VR A15 (4) 20 M 1/66

Page 4 may be retained by the haspital ar attending physician.

96601		· *
	1 1 904 1	

18-1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND PROSTON STATISTICAL RESEARCH PROSTON STATISTICAL RESEARCH PROSTON STATISTICAL RESEARCH PROSTON STATISTICAL RE
FOR STATE	11008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
570 9 74	BALTIMORY MARYLAND S. STATE Md. Salfs.
tuneral may be artment	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town)
tuneral funeral 5 may be Department after death.	# NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 21 e. IS RESIDENCE
Page Page Page Pours a	Sparrows Of Disp. 97 8. STOMMARE'S Ruy pd. YES 10 NO X
Pp. 22	3. NAME OF DECEASED ROMF IFF GRAPN DEATH R 15- 1966
E 22 1	(Type or print) ROMIE LEE GRACH DEATH ROMIE 5. SEX 6. COLOR OR, RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS.
form, form, vithin	M White WIDOWED DIVORCED 4-27-17 lest birthday) Months Days Hours Min.
after death. I Give Pages ong with form ss 1 and 2 M	10e. USUAL OCCUPATION (Give kind of work done lob. Kind of Business or line most of working life, even if retired) 10b. Kind of Business or line most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
8. Givelong long 1	Steel Striker II. S. C. 14. MOTHER'S MAIDEN NAME
urs 1 18 alc in a	Walter Green Florence Green
4世集 后版	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 232-24-0958
	The same to accome
rted within in pencil is Examiner's Examiner's sit permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
"be executed "peding" in "fedical Exanist Medical Exanist parial-transit percentation, or incremation, or incr	812 4 IMMEDIATE CAUSE (e) DUE TO
should be execut word "pending" Chief Medical E as a burial-trans rial, cremation,	Conditions, if any, which gave rise to immediate (b)
ef Mp ef Mp a bu	cause (e), stating the DUE TO
e word he Chief ed as a burial,	Underlying cause lest.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 19. WAS AUTO
the vo	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
certi iting ded t ld be prior	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) PRIMARY DO CONTRIBUTING PERCENTAGE 120b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.)
CAMINER: This cer certificate, writin ould be forwarded es. R. Page 3 should it ignated agent, prici	
NER:	20c. TIME OF INJURY Morth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) While Not While et work Street, office bidg., etc.) No. 1969 at work of the
CAMII certi uld b s. s. Pag gnate	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion
EXAMINEI The certificate of the should be of the should	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
MED ecute Page 4 or your DIREC or its d	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TY ME exect of for Page 1 for the or	EXAMINER'S THEO, C. PAHERSON DEPUTY MEDICAL EXAMINER (X) NAME (Type) Address (Street, city, town, or county)
D DEPUTY MED EXAMPLE CONTROL OF MEDICATOR. Page 4 shou director. Page 4 shou retained for your files O FUNERAL DIRECTOR. Of Health or its design	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
direct ret	REMOVAL (Specify) 8/17/66 Prissell Cemetering Archivol In Jan 1985 125a, REGISTRAR'S SIGNATURE
VR AISME (5)	25a. FUNERAL DIRECTOR ADDRESS Quelto 25a. BEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5M 1/65	converge some to make to love if



MARYLAND STATE DEPARTMENT OF HEALTH

11009 CERTIFICATE OF DEATH 10998

a. COUNTY					o. STATE		ed lived, if institut b. COUI	NTY .			n)
1 6171 60 70	BALTIMORE			YLAND		RYLAND	. It is to Park		LTIN		
b. CITY OR TO write RURA	WN (If outside carparate limits, LL and give nearest tawn)		c. LENGTH OF STAY I	IN 1b	CITY OR TOWN (If	autside carpara	te limits, write KU	KAL and give	nearest	tawn)	
ARBI	UTUS				ARBUTUS				03	- /	-11-06
d. NAME OF H	OSPITAL OR INSTITUTION (If nat	in haspital, giv	ve street address)		STREET ADDRESS				е	ON A FA	
1	210 BREWSTER S	TREET			1210	BREWSTI	ER STREE	T	Y	ES 🔲 I	NO X
3. NAME OF DECEASED	Firs	t	Middle	1000	Last	4. DATE OF	Mani		Day	Year	r
(Type or print)	4 20 4 44		W.		RIGGS	DEATH	AUGUS'		11	19	66
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED X	NEVER MARRIEI DIVORCEI		-2-1882	9.	AGE (In years last birthday) 84 yrs.	Manths Manths	Days	Haurs Haurs	Min.
	ATION (Give kind of work done	10b. KIN	D OF BUSINESS OR		11. BIRTHPLACE (Coun	ty & Stote, or for			IZEN OF	WHAT	
	rking life, even if retired)	IND	USTRY	300		LVAN IA			UNTRY?		
13. FATHER'S NA	SEWIFE ME				4. MOTHER'S MAIDEN				DA		10.0
	JAMES K. W	OORALL			XKMKN	X A	LPHINA				
15. WAS DECEASE	D EVER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.		ORMANT		Addre				1
NO NO	(ii yes give wai oi doles oi	No	0	MRS.	MARGARET	G.PLA	TT, 1210	BREWS	STER	STRE	EET
	OF DEATH (Enter anly one cause	e per line for (a), (b), and (c).)			1	Α,			RYAL BETV	
PART	. DEATH WAS CAUSED BY:	11			0 /						
	IMMEDIATE CAUSE (c	0)	work	asso	- seel	ecker	toc-		ZNS	AND DE	AIH
42	IMMEDIATE CAUSE (c		t.	asy	- Decl	erce	toc.		ZND.	113	AIH
42 Conditions, i	DUE T fany, which gave		terior	ary	otie;	Harr	1 Dice	are	2 ND	40	AIH
Conditions, it	fany, which gave adiate couse (a),	o as	teriox	eles	olie;	Harr	Dice	are	2	y	(AL)
Conditions, it	f any, which gave ediate couse (a), underlying cause	o as	teriox	ary	ohe)	Harr	1 Dice	are	2	y.	AIH
Conditions, it rise to immestating the last.	f any, which gave ediate couse (a), underlying cause	(b) As	terior	ary cles	TERMINAL DISEASE CO	Hears ONDITION GIVE		are	2	y y was auto	PSY
Conditions, it rise to immestating the last.	f any, which gave ediate couse (a). Underlying cause (b)	(b) As	terior	ary celes	TERMINAL DISEASE CO	Heart ONDITION GIVE		are r Ac	2	WAS AUTO	PSY
Conditions, it rise to imme stating the last.	f any, which gave ediate couse (a). Underlying cause (b). URER SIGNIFICANT CONDITIONS CO	O As	beslew	sein	TERMINAL DISEASE CO	wowa	N IN PART 1(a)	ace r Ac	2	WAS AUTO	PSY D?
Conditions, it rise to immersion the last. PART II. OTH OR. ACCIDEN OR CONTRIBL (IF EITHER, NO	f any, which gave ediate cause (a). Underlying cause (c) URER SIGNIFICANT CONDITIONS CO	O O O O O O O O O O O O O O O O O O O	Beslew RIBE HOW INJURY O	CCURRED. (En	es Carco ter nature of injury in	n Part 1 ar Part	N IN PART 1(a)	r Ac	19.	WAS AUTO	PSY D?
Conditions, it rise to immersion to lost. PART II. OTH OR CONTRIBL (IF EITHER, NO	f any, which gave ediate cause (a). Underlying cause WER SIGNIFICANT CONDITIONS CO AT WAS UNDERLYING JUSTING CAUSE OF DEATH OTHEY MEDICAL EXAMINER) F INJURY Manth, Day, Year	O O O O O O O O O O O O O O O O O O O	ERIBE HOW INJURY O	CCURRED. (En	ter nature of injury in	n Part 1 ar Part	N IN PART 1(a)	r Ac	2	WAS AUTO	PSY D?
Conditions, it rise to immerstating the last. PART II. OTH OR. CONTRIBL (IF EITHER, NO.	f any, which gave ediate couse (a). Underlying cause (b) UER SIGNIFICANT CONDITIONS CO UTWAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	O O O O O O O O O O O O O O O O O O O	Beslew RIBE HOW INJURY O	CCURRED. (En	es Carco ter nature of injury in	n Part 1 ar Part	N IN PART 1(a)	r Ac	19.	WAS AUTO	PSY D?
Conditions, it rise to imme stating the last. PART II. OTH 20a. ACCIDEN OR CONTRIBL (IF EITHER, NO House) 20c. TIME O	f any, which gave ediate couse (a). Underlying cause IER SIGNIFICANT CONDITIONS CO IT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER) F INJURY Manth, Day, Year UT a.m.	O O O O O O O O O O O O O O O O O O O	CRIBE HOW INJURY O	CCURRED. (En 20e. PLACE factory	ter nature of injury in OF INJURY (Hame, fa, street, affice bldg., et	rm, 20f.	N IN PART 1(a) ILLE COLOR II af item 18.) (City ar town)	(Cou	19.	WAS AUTO PERFORME (S	PSY D? NO
Conditions, it rise to immersion to lost. PART II. OTH 200. ACCIDEN OR CONTRIBUL (IF EITHER, NO 200. TIME O House of H	fany, which gave ediate cause (a). Underlying cause (c). IT WAS UNDERLYING ID JUNING ID CAUSE OF DEATH OTHER WHO IS AUST OTHER	O O O O O O O O O O O O O O O O O O O	CRIBE HOW INJURY O	CCURRED. (En 20e. PLACE factory	ter nature of injury in	rm, 20f.	N IN PART 1(a) ILLE COLOR II af item 18.) (City ar town)	(Cou	19.	WAS AUTO PERFORME (S (S) (S)	PSY D? NO
Conditions, it rise to imme stating the last. PART II. OTH 20a. ACCIDEN OR CONTRIBL (IF EITHER, NO House) 20c. TIME OO Hou	fany, which gave ediate cause (a). Underlying cause (c). IT WAS UNDERLYING ID JUNING ID CAUSE OF DEATH OTHER WHO IS AUST OTHER	O O O O O O O O O O O O O O O O O O O	CRIBE HOW INJURY O	CCURRED. (En 20e. PLACE factory	or injury in the control of injury in	rm, 20f.	N IN PART 1(a) ILLE COLOR II af item 18.) (City ar town)	(Cou	19.	WAS AUTO PERFORME (S (S) (S)	PSY D? NO
Conditions, it rise to imme stating the lost. PART II. OTH OR CONTRIBUTED OR CON	fany, which gave ediate cause (a). Underlying cause WER SIGNIFICANT CONDITIONS CO UT WAS UNDERLYING UTING CAUSE OF DEATH OTHEY MEDICAL EXAMINER) FINJURY Manth, Day, Year ur a.m. p.m. 19 certify that (I) (this has predeceased alive an arrow of the cause of t	O O O O O O O O O O O O O O O O O O O	CRIBE HOW INJURY O	CCURRED. (En 20e. PLACE factory	OF INJURY (Hame, far, street, affice bldg., et	rm, 20f.	N IN PART 1(a) I af item 18.) (City ar town) a (1144) A, fram causes	(Cou	19.	WAS AUTO PERFORME (S (S) (S)	PSY D? NO
Conditions, it rise to immersize the immersize to immersize the immersize to immersize the immersized the immersi	fany, which gave ediate cause (a). Underlying cause (b). UER SIGNIFICANT CONDITIONS CO IT WAS UNDERLYING UTING CAUSE OF DEATH OTHEY MEDICAL EXAMINER) FINJURY Manth, Day, Year ur a.m. p.m. 19 certify that (I) (this hasp the deceased alive an arrow of the cause of the cau	205. INS While at wark	CRIBE HOW INJURY OF THE PROPERTY OF COURRED OF THE PROPERTY OF	20e. PLACE factory fram_and that c	OF INJURY (Hame, far, street, affice bldg., et affice bldg.	n Part 1 ar Part rrm, 20f. 1903 f. MED. DIRECTOR	N IN PART 1(a) It II af item 18.) (City ar town) a	(Cou	19.	WAS AUTO PERFORME (S (S) (S)	PSY D? NO
Conditions, it rise to immediately the last. PART II. OTH OR CONTRIBUTE OR CONTRIBUTE (IF EITHER, NO Saw 11 22a. SIGNA 22c. PHYSIC NAME	fany, which gave ediate cause (a). underlying cause UIER SIGNIFICANT CONDITIONS CO UIT WAS UNDERLYING TOTIFY MEDICAL EXAMINER) F INJURY Manth, Day, Year ur a.m., p.m. 19 certify that (I) (this hasp to deceased alive an CIAN'S (Type) A	20d. INJ While attended attended BRADLE	CRIBE HOW INJURY OF THE PROPERTY OCCURRED AT While at work at work at the deceased at the dece	CCURRED. (En 20e. PLACE factory fram and that co M.D.	of INJURY (Hame, fance of Injury in the Inju	n Part I ar Part rm, 20f. 1903 t. MED. DIRECTOR	N IN PART 1(a) IS ECCLO It II af item 18.) (City ar town) a	(Country 19 and an the 22b. DA	19. Inty) the date ATE SIGNE	WAS AUTO PERFORME (S at (I) (W stated D Color Color	PSY D? D? NO D!
Conditions, it rise to immediate the last. PART II. OTH OR CONTRIBULIFIED (IF EITHER, NO. 20c. TIME O House the last.) 21. I c saw the last. 22a. SIGNA 23a. BURIAL, CRE 23a. BURIAL, CRE	fany, which gave ediate cause (a). Underlying cause WER SIGNIFICANT CONDITIONS CO IT WAS UNDERLYING JUTING JUTING	20d. INJ While attended attended BRADLE	CRIBE HOW INJURY OF THE PROPERTY OF COURRED OF THE PROPERTY OF	CCURRED. (En 20e. PLACE factory fram and that co M.D.	of INJURY (Hame, fance of Injury in the Inju	n Part I ar Part rm, 20f. 1903 t. MED. DIRECTOR 264 FRA	N IN PART 1(a) Calculate I II of item 18.) (City or town) Calculate Carton Cookes NCIS AVE	(Cou	inty) the date are signed (County)	WAS AUTO PERFORME (S at (I) (* stated C (S)	PSY D? NO
Conditions, it rise to immediate the last. PART II. OTH OR CONTRIBUTE OR CONTRIBUTE (IF EITHER, NO. 20c. TIME O Saw 11 22a. SIGNA 22c. PHYSIC NAME	fany, which gave ediate cause (a). Underlying cause WER SIGNIFICANT CONDITIONS CO UT WAS UNDERLYING UTING CAUSE OF DEATH OTHER MEDICAL EXAMINER) FINJURY Manth, Day, Year or a.m. p.m. 19 Certify that (I) (this hasp the deceased alive an UTIVE CAUSE) UTIVE CIAN'S (Type) A MATION, 23b. DATE THER	205. SESS 205. SESS 206. INIT While at work wital) attended to the sess of t	CRIBE HOW INJURY OF THE PROPERTY OCCURRED AT While at work at work at the deceased at the dece	CCURRED. (En 20e. PLACE factory fram_ and that co M.D. RTHY	of INJURY (Hame, fance of Injury in the Inju	n Part I ar Part rm, 20f. 1903 t. MED. DIRECTOR 264 FRA	N IN PART 1(a) IN I	(Cou	inty) thine date are signed ((county)) ((county))	WAS AUTO PERFORME (S stated D (S1 y) (S1 y) (S1 y) (S2 y)	PSY PSY NO Distate)

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remarked farbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours after death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

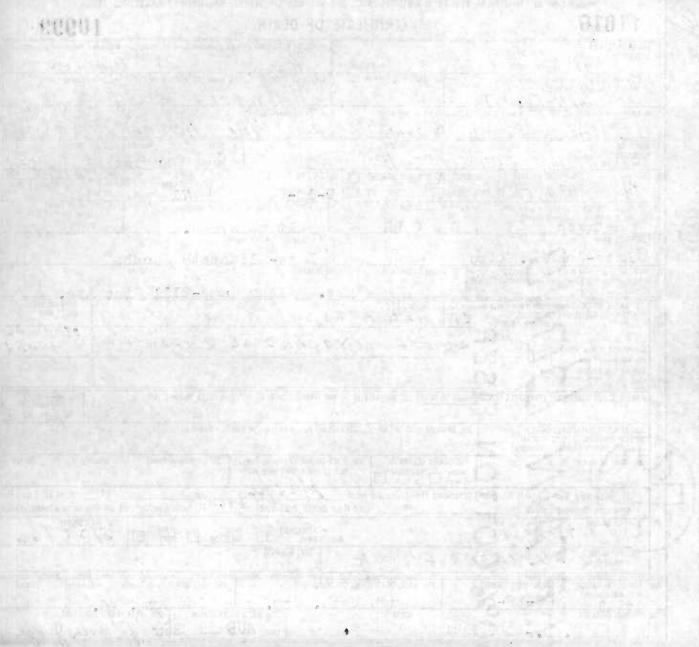
Poge 4 may be retained by the hospital or attending physician.

2, 3 TIDES TO STEED STEED THE STEED OF THE STEED dientification, de internation AND THE PROPERTY OF THE PROPER

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11010 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY 11 more MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY DR TDWN (If outside corporate limits. c. LENGTH OF STAY IN 1b. write RURAL and give nearest tawn) 21207 e. IS RESIDENCE ON A FARM? d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS event, within 72 NO F YES 3. NAME OF Middle remave carban 4. DATE Lost Month Dov Year DECEASED (Type or print) HAMP DEATH August 1966 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In veors lost birthdoy) Months WIDOWED DIVORCED 9-10-94 and 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired **INDUSTRY** COUNTRY? Baltimore, Md.

14. MOTHER'S MAIDEN NAME TISA 13. FATHER'S NAME Late-John H. Hamp Late-Elizabeth Jacobs 1S. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SDCIAL SECURITY ND. (Yes, no, or unknown) I(If yes give wor or dotes of service Mrs. Walter Hamp-2111 Pine Ave. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

CARDIA C INTERVAL BETWEEN signed by the burial-transit ARREST ONSET AND DEATH Page 4 may be retained by the hospital ar attending physician. DUE TO ACUTE MYOCARDIAL INFARCTION HOURS Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO F TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While Hour o.m. foctory, street, office bldg., etc.) While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram , 19___, that (I) (we) last ta. director, page 3 shauld shauld be filed with the and that death accurred of 10P M, fram causes and an the date stated abave. saw the deceased alive an-220. SIGNATURE 22b. DAJE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S UMACARAEG NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8-29-66 Waugh Meth. Cem. 2So. REC'D BY REGISTRAR BILLIA DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Witzke F. D.-4101 Edmondson Ave. VR A15 (4) DATE AUG 29 1966 Victionles 20 M 1/66



May !

7 1	Division of STATIS		PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201
FOR STATE	11011		CERTIFICATE OF DEATH	11000
Page av is a page and	1. PLACE OF DEATH a. COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if insto. STATE b. C	OUNTY Balto,
ath. If any delay is ages 1, 2, and 3 to ith farm PM3. Page State Department of hours after death	b. CITY OR TOWN (If outside corporate limi write RURAL and give nearest town)	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write	RURAL and give nearest tawn)
Pages 1, 2	d. NAME OF HOSPITAL OR INSTITUTION (IF P	not in hospital, give street address)	6. STREET ADDRESS 621 Mace C	a. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\)
7 e 8 - G	3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE	irst Middle M HARCHE 7 MARRIED NEVER MARRIED	MHORN DEATH AGE (In year	
hours tem 1 fice and 2 event	Ternale Thite 1Do. USUAL OCCUPATION (Give kind of work done during mpst of working life, even if refired)	WIDOWED DIVORCED DIVO	lost birthday	
within 24 n pencil in Exami ex File pages I and in any	13. FAIHER'S NAME	flauroud	14. MOTHER'S MATBEN NAME	rek W. S. C.
executed with ending" in perfequence of Medical Examitrities it permit. File remayal, and	15. WAS DECEASED EVER IN U. ARMED FORCES: (Yes, no, or unknown) (If yes give war or dates)	of service) SOCIAL SECURITY NO. 17.	hildren A	ddress
be e "pel nief insit	Canditians, if any, which gove rise to immediate couse (a),	Vidiski +	east faile	INTERVAL BETWEEN ONSET AND DEATH
s certificate shauld e, writing the ward farwarded ta the Ch used as a burial-tro	lost. PART II. OTHER SIGNIFICANT CONDITIONS	(c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
	2Do. EXTERNAL CAUSE WAS PRIMARY 🗀 or CONTRIBUTING 🗆 CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 1B.	YES NO
a S ± E F E	20c. TIME OF INJURY Month, Day, Teor Hour o.m. p.m. 19	While at work Office of work of two	CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	
DEPUTY MEDICAL EXAM sessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth or its designated age			eld on Autapsy, Inspection (,) ide, Homicide, Undetermined CHIEF MEDICAL EXAMINER	
DEPUTY MEDIAL PRESENT, please en the funeral director may be retained FUNERAL DIRECT realth or its design	SIGNATURE EXAMINER'S NAME (Type)	C. PHEASO	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	22. DATE SIGNED
TO DEPL necessa the fun 5 may TO FUNE Health	230. BURIAL, CREMATION, 23b. DATE THE SEMOVAL (Specify) 8/5	166 Sacred	Heart Balt	s. Co. Md.
VR A15ME (5)	Connelly Sons 3	Bulto, md 21	250. REC'D BY REGISTRAR 25b. DATE AUG 8 1966	REGISTRAR'S SIGNATURE ACtionles Judge

BOULT - ANDREAS BELLEVISION DE LA CONTRACTOR DE LA CONTRA

TO FUNERAL DIRECTOR: After this certificate has been signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. pluous director, should be

The law requires that the death certificate be executed within 24 haurs after death

Joseph A. Sedlack NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify)
Burial

sow the deceased alive on

22a. SIGNATURE

22c. PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY Moreland Memorial

ATTENDING

22d. ADD 200

CO W.

M.D.

23d. LOCATION (City or Town) (County) Parkville, Balto.Co.,

Pennsylvania Ave. Towson

e. IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

Hours

YES [

8/26/66

22b. DATE SIGNED

NO 🖂

(State)

(Stote)

NO.

YES

24. FUNERAL DIRECTOR 4905 York Road .w.Jenkins 80 Sons Co.

2Sb. REGISTRAR'S SIGNATURE Mismely

and that death occurred of property of the date stated above.

DIRECTOR

7. 3 7. 3			4.
			etroints take
	growker.3P		1000
	re ford the ords		elayard no kali
	al all all a	Is. 12 &	
	go William Land		
	early the far		Parameter S
	attraction .	unuada A	
	civinate 1 . W 00 % . Annually is		
mood athret , si	Divinian and an open area	Complete Adola	

1	Item 20 Film 380 8-31-66MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH IT W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		CERTIFICATE OF DEATH 11002	
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. STATE b. COUNTY	n) /
delay i	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
. 02 - 0		Baltimore - 21210 30-	4
F-E 9528	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) St.Joseph Hospital	d. STREET ADDRESS 9. IS RESIDION A FA 5939 Stanton Avenue 9. IS RESIDION A FA	ARM?_
after death. I so sive Pages along with far within 2 hour	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year	
after de 8. Give Palang with the	(Type or print) Frederick H.	Harmony Sr. DEATH August 19 19 6	
ins after of 18. Give ce alang with the	Male White WIDOWED DIVORCED	B. DATE OF BIRTH 8-20-87 9. AGE (In years IF UNDER I YEAR I FUNDER I YEAR I YEA	Min.
24 haurs in Item 1 r's Office es 1 and 2	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
hin 24 ncil in niner's pages 1 in any	during most of working life, even if retired) Caretaker INDUSTRY Emerson Estates Brooklandville, Md	Baltimore, Md.	- 1
thir min in	1 7 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
y wifin per Exar	Hanry C. Harmoney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Elizabeth Satdau INFORMANY Address	1
executed adding in Medical permit.	(Yes, no, or unknown) (If yes give wor or dotes of service)	Ebert H. Harmony 3039 Arizona Avenue	31.
nould be executed ward "pending" in the Chief Medical Erial-transit permit. Fitian, ar remaval, a	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)	INTERVAL DETV	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Meumoned ONSHAND DE	AIA
This certificate should be ecate, writing the ward "per be farwarded to the Chief be used as a burial-transit to burial, cremation, or re	DUE TO THE	18/1/1/20	, ,
ate should the ward the tathe C a burial-tr crematian,	Conditions, if ony, which gove nise to immediate couse (o), DUE TO	ed) Heg	10
s certificate sle, writing the farwarded ta used as a burial, cremo	stoting the underlying couse (c)		
certifice arwarde arwarde used as burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORME	PSY
this ce far ye far ta be us	ATIO	PERFORME	NO [
	CAUSE OF DEATH.	(Enter noture of injury in Port Lor Port II of item 18.) if eet in living room and fell	
3 = S = E	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA 7:25 Hour o.m. Aug 12 19 66 While Not While 1	ACE OF INJURY (Home, form, 20f. (City or town) (County) (S	Stote)
KAM Je 4 Je 4 Je 4 Je 4 Je 6 Je 6 Je 6 Je 6 Je 6 Je 6 Je 7 Je 7 Je 7 Je 7 Je 7 Je 7 Je 7 Je 7	p.m. di work in di wark		1d
EDITAL EXA asse execute rectar. Page ained far yau IRECTOR: Pag designated a	21. I certify that I taak charge of the remains described above he		apinio
ctor.	death resulted fram: Natural causes , Accident , Suic	cide , Hamicide , Undetermined manner	
EPUTY MEDICAL SISSORY, please extended director. ay be retained in the property of the propert	ACTUAL SILL SILL SILL SILL SILL SILL SILL SI	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	SIGNED
JTY ry, F eral be r RAL or it	SIGNATURE CALLES CONTROLLES CONTR	DEPUTY MEDICAL EXAMINER	1
	NAME (Type) Charles F. & Donnell, M.D.	Address (Street, city, town, ar county)	6
TO D the the S m S m S m Hea	236. BURIAL (REMATION, REMOVAL (Specify) Aug. 23. 1966 Loudon Par		tote)
2	24. FUNERAL DIRECTOR ADDRESS ADDRESS	Baltimore, Maryland 250, RECD BY REGISTRAR 25b, REGISTRAPS, SIGNATURE ()	Cak
VR A15ME (5)	Burgee Funeral Home 3631 Falls Read	DATE AUG 2 3 1966 / CUARTES	0

			to me to substitute	
()	TATE OF THE PROPERTY OF			210
	Charles Vallet Land		o the later I	
Street, St.	marical code		St. Jajuja Rosp	
	The State of			
		. T. O.L. VOID 120		
	metral pareinakia		70000-10	O Trans

VR A15 (4)(0) 20M 5-63

. IS RESIDENCE ONLA FARM?

YES A NO

1966

IF UNDER 24 HRS

U.S.A.

Haryland

(County)

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO DE

(State)

DATE

(Stete)

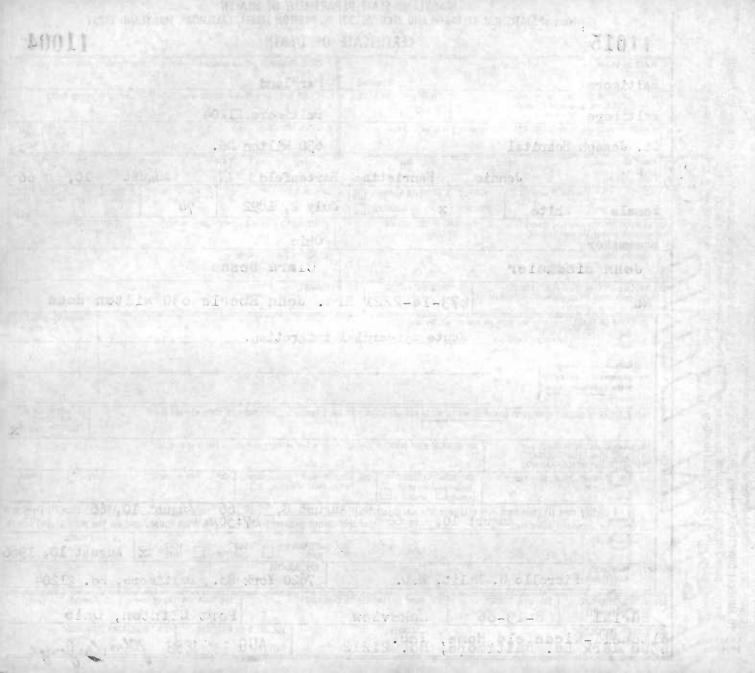
SIGNED

Year

THE REALTH

.10h Demonstration of the second Entre Section 1 State Transport States saste, set mineral society of the set of the the action of the contract of of recipies and reference and recipies ALL ALL THE THE SECOND SECOND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11015 CERTIFICATE OF DEATH 24 hours after death. 72 hours after death. in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY STATE b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b. Baltimore 21204 Baltimore e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) filled St. Joseph Hospital 630 Wilton Rd. YES NO II. PHYSICIAN: The low requires that the death certificate be executed within Middle 4. DATE NAME OF Last Month Day corbon Year the ottending physicion and completely sit permit. Then pleose remove corbon DECEASED Jennie Hartenfeld August Henrietta 66 eyent, 10 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years 6. COLDR DR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours July 2, 1892 WIDOWED 3 ond in ony Female White DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign cauntry) 10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) INDUSTRY COUNTRY? Ohio Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, John Riedmaier Clara Besso 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn) (If yes give war ar dates of service) 17. INFORMANT 16. SOCIAL SECURITY ND. Mrs. John Eberle 630 Wilton Road 273-16-2221 cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Acute myocardial infarction. IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospital or attending physicion. DUE TO signed 1 Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause os the prior to TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached to the Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased fram August 8, 19 66, to August 10,1966, that (I) (we) last saw the deceased alive an August 10, 19 66, and that death accurred at 7:50 AM, fram causes and an the date stated above. should 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. X August 10, 1966 DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAM((Type) Fiorello G. Malit, M.D. 7620 York Rd., Baltimore, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, Burial (Specify) Clinton, Ohio 8-13-66 Lakeview Port 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR EUNERAL DIRECTOR ADDRESS Wiedefeld Home; VR A15 (4) 1956 Ochanla 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11016 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give nearest town) arneu campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 00 9611 YES | NO 3 pau 3. NAME OF First Middle DATE Lost Month Doy Year DECEASED Harvey 66 DEATH 19 cor (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 24 HRS. birthdoy) Months Doys Hours white male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland abinet Maker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Clara A. Mills Alfred Harvey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 213-10-5754 Dorothy . Harvey same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO F far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work at work hom , 1960 , ta 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. director, page 3 shauld should be filed with the and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 8100 Harford Road #21234 22c. PHYSICIAN'S Elliott Harris, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 8/6/66. Moreland Memorial Cemeter Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) \$56 Ruck Inc Baltimore. 20 M 1/66

9 3	AUSTO TO TRANSPORT	910
and shown in		
		The state of the s
SEEM LA MACA		The 11
	The Total of the Part of Total	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 haurs after death. death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY papers. Pages 1 iin 72 haurs after MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) DNSU14. .= d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE hin 72 ! filled i ON A FARM? YES NOF NAME OF T N First Middle carban Lost 4. DATE Manth Day Year DECEASED OF DEATH event, (Type ar print) requires that the death certificate be executed SEX 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR lost, birthday) Months Dovs Haurs in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaye WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates af service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cirrhosis of the liver IMMEDIATE CAUSE (a). by be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause State Dept. of Health priar ta SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate YES T NO PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) While Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram. 8/28/66, 19___, that (I) (we) las 5/15/64 . 19 . ta filed with the 8/26 1966, and that death occurred at 2:30AM, from couses and on the date stated obave saw the deceased alive on 22a. SIGNATORE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Herbert J. Levickas 1073 Maiden Choice Lane directar, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

. PAY T	giving with to a tender to the second	
10000 P		
10000 P		

A MISSELL ON SECURITION OF THE PROPERTY OF THE

4 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARVI AND
= 1=0=/	11018 Them HO Page Ho CERTIFICATE OF DEATH	11007
death.	1. PLACE DF DEATH a. COUNTY DC ONLY ON	idence before admission)
affec affec	Baltimore MARYLAND a. STATE NIL b. COUNTY Bal	timane
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nd give nearest town)
in the hour	Towson Raltimore 12	36-4
in 24 hours. In filled in by papers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	3. NAME OF FIRST MIDDLE US 14. DATE Month	YES NO Day Year
executed within and completely remove Carbon any event. within	DECEASED	21 1966
complement of the complement o	5. SEX 6. COLOR OR RACE 7. MARRIED 3. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
te be execui	M WIDOWED DIVORCED 10-22-1890 75 76 yrs.	Days Hours Min.
be e cian ase rund in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT (COUNTRY) 13. BIRTHPLACE (Country & State, or foreign country) 12. CIT (COUNTRY) 12. CIT (COUNTRY) 13. BIRTHPLACE (Country & State, or foreign country) 14. BIRTHPLACE (Country & State, or foreign country) 15. CIT (COUNTRY & STATE) 15. BIRTHPLACE (Country & State, or foreign country) 16. CIT (COUNTRY & STATE) 16. BIRTHPLACE (COUNTRY & STATE) 17. BIRTHPLACE (COUNTRY & STATE) 18. BIRTHPLACE (COUNTRY & STATE) 18	IZEN OF WHAT JNTRY?
	Lawyer Law Baltimore, Maryland U	
certificate nding physi . Then ples removal, a		
ndin ren	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
at the death certifica ian. d by the attending ph ransit permit. Then cremation, or removal	(Yes, no, or unknown) (If yes give war or dates of service) 219-22-7919 Mrs. Janetta Hoffman Same	е
the atio	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
The law requires that the or attending physician. cate has been signed by truse as the burial-transit ealth prior to burial, crema	PART I. DEATH WAS CAUSED BY: Cost Carlos Car	giers.
s that ignerial.	3 3 4 X DUE TO	1
g ph g ph en s en s bu	Conditions, If any, which gave rise to immediate (b)	
ndin s be s the	cause (a), stating the DUE TD underlying cause last. (c)	
atten atten has se as ch prio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
IAN: The law repital or attending for use as the office the form of Health prior	L L L L L L L L L L L L L L L L L L L	YES NO
PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-trance. Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ING PHYSICIA by the hospi offer this cer be detached State Dept. of	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at work at work at work	nty) (State)
d by the d be d		
ATTENDING TETATION OF TETORE After CTOR. After S should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from upull, 1966, to up 1, 1966, saw the deceased glive pn 1966, and that death occurred at 230M, from the causes and on the	,
reta 3 showith		TE SIGNED
Die be	M.D. ATTENDING MED. STAFF PHYS.	
PITAI 4 ma ERAL or, p	PHYSICIAN'S NAME (Type) Dr. Mark Dugan 22d. ADDRÉSS 15 E. Biddle St. Balto.	, Md.
Page Page J FUN direct	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or countries Burial Specify) 8-23-1966 Loudon Park Cemetery Baltimore.	nty) (State)
51 51 50 8		Md.
VR A15 (4)	Henry W. Jenkins & Sons Co Balto. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S DATE 25a. REC'D BY REGISTRAR 25b. REGISTR	
15M 4-64	4905 YORK ROAD BALTO. Ma. DATE	mage

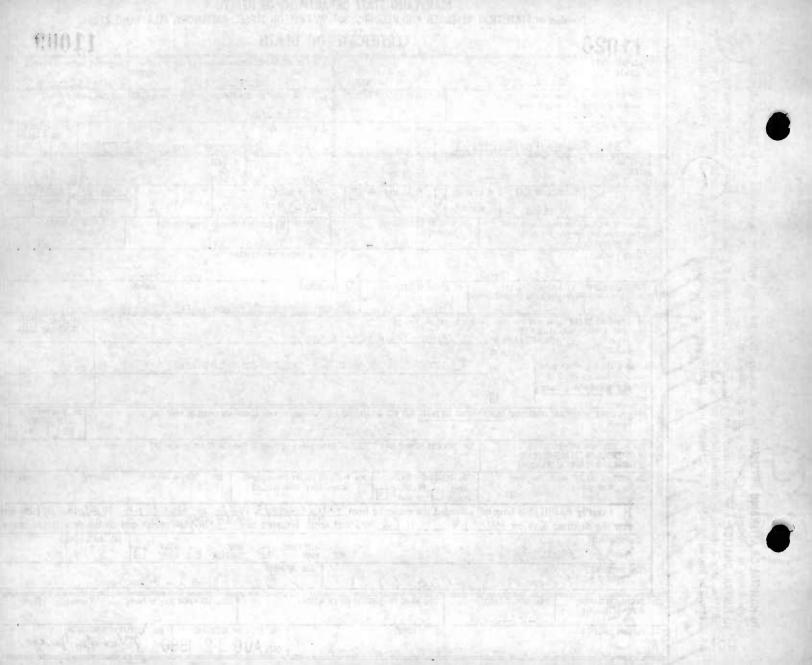
booltest resoul to a live to the DIMITON SANGUAR . PRIL PORT-53-148 Lucia Commence 2-1 7-1-5 34 AP 745 SHOW . Of the state of reapple stank rest e, Problem type care to the same to be a second to The party of the p

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11019 1008 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission the ottending physician and <u>comp</u>letely filled in by the funeral sit permit. Then please remove casbon papers. Pages I_and nation, or removal, and in ¢ny.event.) within 72 hours offer deat PLACE OF DEATH a. COUNTY o STATE b COUNTY MARYLAND Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore b. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Ral timore Baltimore d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESSE 1 mora IS RESIDENCE ON A FARM? St. Joseph Hospital 3527 ENIMPRE Ave. 21213 NO [NAME OF Middle 4. DATE Month Last Year DECEASED August 18 19 66 HOFFMAN Manuel (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Days white 9/12/09 male WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INDUSTRY** COUNTRY? Maryland Business Tavern 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME William Hoffman Fannie Rostov 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar-unknawn) (If yes give war ar dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Theresa Defabio Hoffman, wife, above cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute Pulmonary Edema IMMEDIATE CAUSE (a). DUE TO Canditians, if any, which gove Myocardial Infarction (b) rise to immediate couse (a), DUE TO stating the underlying cause the hospital or attending hos been os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO this certificate Diabetes Mellitus for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour am Not While at work at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram August 2, 19 66, to August 18 1966, that (1) (we) last be retoined saw the deceased alive an August 18 19 66, and that death accurred at 12: M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. amor M.D. DIRECTOR August 18, 1966 PHYS 22d. ADDRESS 22c. PHYSICIAN'S M.D. Ramon P. Lopez NAME (Type) 7620 York Rd. Balto. Md. 27.204 director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Gardens of Faith Cem 8/22/66 Baltimore, Md. 24 FUNERAL DIRECTOR Funeral Home, INC. VR A15 (4) 20 M 1/66 3331 Brehms Lane DATE

MARYLAND STATE DEPARTMENT OF HEALTH

AH011			21011
			* 190 H G C
	arried 2 ft 1 ft 1		en e
fans.	. avi. america Asec		Telizzani negota 121
DI sounce			
	, , , ,		ne la servicia de la comp
	bunecan		
		100 000 000 000 000 000 000 000 000 000	
		out full-many	
4-1		E STEEL	CONTRACTOR STORY
Us saver 100			
	S tal style CS/N		MANAGER OF THE STREET
			1000

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funera and a. COUNTY a. STATE b. COUNTY filled in by the fun gapers. Pages 1 o Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS St. Joseph's Hospital 1408 Glenmore Avenue #21206 YES NO TO 4. DATE OF DEATH carban NAME OF Middle Last Manth event, wit Doy Year DECEASED (Type or print) Mary Hoover IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remové last birthday) Manths Days Haurs 1-2-1873 in any WIDOWED -OIVORCED emale White and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) please COUNTRY? INDUSTRY physician ond Hausewife Hiusewife Baltimore, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, ar removal, attending phys William Guy Sarah Guy 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service) Miss Joyce Carter 1/108 Glenmore Avenue 6 Lone INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND OFATH Cerebral Hemorrhage IMMEDIATE CAUSE (a). **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Hypertensive Cardio-vascular Disease Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been State Dept. af Health prior ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION use Epistaxis YES | NO T Po 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF OFATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (1) (this haspital) attended the deceased from again 18 1966, to Owa 18, 1966 that (1) () las director, page 3 should should be filed with the saw the deceased alive an aux 18 19.64, and that death accurred at 8.25 My am causes and an the date stated above 22b. DATE SIGNEO 22a. SIGNATURE ATTENDING STAFF M.D. **OIRECTOR** 22d. ADORESS 22c. PHYSICIAN'S obert. S.SARDO NAME (Type) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 22-1966 Baltimore Cemetery Buria 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR **ADDRESS** 2Sa. REC'O BY REGISTRAR Melayles VR A15 (4) 20 M 1/66 DATE AUG 22



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11021 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYTAND ANNE ARUNDEY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, be executed within 24 haurs 51 DAYS ANNAPOLIS filled in t papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 l 111 Main Street VETERANS ADMINISTRATION HOSPITAL YES NO 2 3. NAME OF First Last 4. DATE Manth Year completely DECEASED GLENN HOPKINS August 66 TO TO (Type or print) DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Hours Male White X April 12, 1922 WIDOWED DIVORCED the attending physician and sit permit. Then please rem g 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? ANNAPOLIS, MARYLAND requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS S. HOPKINS MAY JOHNSON 16. SOCIAL SECURITY NO. 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no or unknown) (If yes give war or dates af service) 14 66 13 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH CARCINOMA PIRIFORM SINUSES WITH METASTASES TO IMMEDIATE CAUSE (a) 10 MONTHS THORACIC VERTEBRAE DUE TO Canditians, if any, which gave BRONCHOPNEUMONIA RECENT rise to immediate couse (a), DUE TO stoting the underlying couse **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending has been last. OS 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO this certificate for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) foctory, street, office bldg., etc.) at work 6/27/66 to 8/11/66 21. I certify that (this haspital) attended the deceased fram... , 19___, that 👫) (we) last saw the deceased alive an 8/17/66 O FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 3 8/18/66 DIRECTOR 22d VAH FORT HOWARD, MARYLAND NAME (Type) GEORGE C. MC ELFATRICK, M. D.

directar, shauld be

FUNERAL DIRECTOR

BURIAL, CREMATION, REMOVAL (Specify)

23c. NAME OF CEMETERY OF CREMATORY

Hillswere Cemetery

DATE AUG

(County) (State)

Annapolis, Md. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City or Town)

41011	THE RESIDENCE OF THE PROPERTY			2011
androna stora	unat nat		Magai	
	SLIDIANIA	RIML AT	\$150	
	Yest Balay II.	MAZINON NOT	ibbounesi o	ARK 7
55 TI Shipu	00279031	de de		
	Agrill 12, Cyss III		67,57	O., 1
	ATTA ONDS, TARRANDI	FIRE JXPT		ITANL 80.5
	Residen Ain		E E MORIGIES	ATRAIN
o	version of the second	EL 4 4		
	W. Wilson Print Education Pro- Back C			
	127/20 12 1 10 200 M			730
8/18/66 4/1/4/1	CHARLES SOME TAY	officers and	10	
	дельный при мести Остор гуу Анкаро		ALER S	
A COLUMN TO THE PARTY OF THE PA	SELL ENGLISH COST LA	ennis telepa		

(

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	11023 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11011
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
ary, be be	a. COUNTY BATTOMORE MARYLANO B. CITY DR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b C. CITY DR TOWN (If outside corporate limits, write RURAL and give hearest town)
fun fun de de	write RURAL and give nearest town) ROAV ROAV ROAV
EG 9#	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
Page State Cours a	2763 YARNEL 3108 ELLEQSLIF YES ND 3. NAME OF First Middle Lest 14. DATE Month Day Year
PM3.	(Type or print) BENJAMINI ROSS IT UGHES, DEATH AUGUST 13 1966
Witting III	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1896 9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
er death ive Page with f with f	10a. USUAL OCCUPATION (Sive kind of work done during most of working life, even if retired) 10b. WIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 10c. USUAL OCCUPATION (Sive kind of working life, even if retired) 10c. USUAL OCCUPATION (Sive kind of working life, even if retired) 10c. USUAL OCCUPATION (Sive kind of working life, even if retired) 10c. USUAL OCCUPATION (Sive kind of work done look kind of working life, even if retired) 10c. USUAL OCCUPATION (Sive kind of work done look kind of working life, even if retired) 10c. USUAL OCCUPATION (Sive kind of work done look kind of work done look kind of working life, even if retired) 10c. USUAL OCCUPATION (Sive kind of work done look kind of work
after Giv ng w ng s 1 s ny ev	FOREMAN. SHOE MEGALEX ANDRIALA USA.
ours affern 18. Ge along pages 1 in any	BENNIA MIN ROSS HUGHES LAURA REYNOLDS
24 ho n Iten Office File	15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address BALTURE
within pencil in miner's permit.	NO MRSINEZ HUGHES 3108 EUERN
ted w in pe xamii xamii sit pe or rel	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CORD NARY THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH '/5 MIN
uld be executed "pending" in "pending" in Medical Exan a burlal-transit cremation, or i	4201 DUE TO // 155 = - () 7
Medi Medi Medi burlal	Conditions, if eny, which gave rise to immediate cause (a), stating the DUE TO Conditions
thould chief	underlying cause last. (c)
ficate shoul the word o the Chief used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
EXAMINER: This certificate should be executed within 24 hours after death. If any delactificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and certificate, writing the Word "bending" in pencil in Item 18. Give Pages 1, 2, and les. 18. Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the Signated agent, prior to burial, cremation, or removal, and in any event within 72 hours.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
R: This c ate, writ forwarde 3 should agent, p	
VER: Ticate for the form	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED Hour a.m. While p.m. 19 at work at w
EXAMII e certification of the	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X] Inquiry [X], and in my opinion
EXAMINE The Certificate of should be nr files.	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
LEC Cute age r you DIRE r its	ACTUAL SIGNATURE
10751	EXAMINER'S JOIT N. SAYDER ASS DEPUTY MEDICAL EXAMINER & 8/15/6/ NAME (Type) JOIT N. SAYDER ASS DEPUTY MEDICAL EXAMINER & 8/15/6/
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State)
5 2 5 5	Burial 8/17/66 Parkwood Baltimore County Md. 24. FUNERAL DIRECTOR ADDRESS AS GRECTO BY REGISTRAR SECURIAR SECU
VR AISME (5) 5M 1/65	Wm. Cook-Brooks Inc. Baltimore, Md.21202 DATE

11011 Service Land Control of the Control The state of the s CHANGE AND STREET OF A WAR A STREET WALL Lawrence Court States and water Y 12 St. Ret - Hoofing ton a cleared B. 1912

book red	
	t.
aviri more recommendado de la	
and the control of th	
	<
instead on the bearing the bearing	
The state of the s	
region of CO in State of the Control	
Ports . An . execution . An . And . Conf An	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11013 11024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 9 deoth. Baltimore Maryland Baltimore MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b puo write RURAL and give nearest town) hours after Baltimore - Rural Baltimore - Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form Item 18. Give Poges 1, 9022 Simms Avenue St. Joseph's Hospital YES NO X ate after death. 3. NAME OF Middle First 4. DATE Lost Month Dov Year DECEASED JACKSON 19 66 ATTAN August 12 Allen Wesley (Type or print) DEATH and 2 with he event within S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 1918 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours Aug 20, 1966 Male White WIDOWED DIVORCED 24 hours 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Transit Chauffeur Balto. Transit Co. Maryland any e certificate, writing the ward "pending" in pencil in should be forwarded to the Chief Medical Examiner's poges in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Elsie Bateman John Jackson File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service or removol, 218-10-2126 A. Lorraine Jackson - 9022 Simms Avenue 21234 No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease. IMMEDIATE CAUSE (o) certificate should burial, cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse 0 05 WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES 2 NO please execute the certificate, 0 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) designoted ogent, prior EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page director. Poge at work ot work 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [7], for Inquiry and in my opinian Natural couses X Acadent . Suicide . Undetermined monner death resulted fram: Homicide CHIEF MEDICAL EXAMINER ACTUAL 5 may be reta TO FUNERAL DI Health or its d 22. DATE SIGNED all ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 8/12/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) 230 BURIAL CREMATION, 23c. NAME, OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Garde mod ockeysville 24. FUNERAL DIRECTOR VR A15ME 15 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11025 CERTIFICATE OF DEATH ve corbon popers. Pages 1 and 2 event, within 72 hours after death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) attending physicion and completely filled in by the funeral permit. Then please remove carbon papers. Pages I and PLACE OF DEATH a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 69 DAYS BALITIMORE FORT HOWARD IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 2206 BROOKFIELD AVENUE VETERANS ADMINISTRATION MOSPITAL NO K 3. NAME OF First Middle 4. DATE Manth Day Year DECEASED JACKSON 18 66 AUGUST ANDREW TWEEDIE DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Manths Doys Hours APRIL 2, 1894 MALE NEGRO WIDOWED and in any DIVORCED 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, ar fareign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of warking life, even if retired) INDUSTRY ONANCOOK CO., VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removol, GEORGE JACKSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death (Yes, no grunknown) (If yes give wor or dotes of service) 213 03 4871 CLIN. REC., VET. ADM. NOSP., FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the buriol-transit p AS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA OF THE LARYNX, METASTATIC ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO buriol, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause 4 moy be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use NO K 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Not While at wark at wark 5: 50 66, ta Aug. 18 , 19 66, that (K (we) last 21. I certify that (this haspital) attended the deceased from June 10 sow the deceased glive on Aug. 19, 1966, and that death occu and that death occurred at D. M. from causes and on the dote stated above. 22b. DATE SIGNED 22 a. SIGNATURE STAFF PHYS. ATTENDING 8 20 66 M.D. DIRECTOR PHYS director, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CARMELITA A. CENDANA, M. D. VET. ADM. MOSP., FT. HOWARD, MARYLAND should 23d. LOCATION (City or Jown) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. 23o. BURIAL, CREMATION, (Stote) BURLAL (Specify) 8-26-66 BALTIMORE NATIONAL CEMETERY BALTIMORE MARYLAND Isaiahoo Ess Brown & Son 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Melanles VR A15 (4) 20 M 1/66 123 W Montgomery St. Baltimore, Md.

V 3.1111					
	GRATYREE		2010	VIEL A	
	SHINTSIAN	SAVO 694		au.	
AU SON	CONTROLOGICALIS.) - Tal. V 10		SILVERI
in the state of	A ROSSIDAY	.f			
	APRIL 2, 1894			ONETR	۲
TALL TRIES	OXABOOCK CO., ET				:ex
				TO COLOUR	112'6
HORES TE . TEOR H	AND THE SAME AND	13 63 1870 a		1-99	6/17
Aug. 10 aug. 1	dune 11 entrepo		. nul		
8 90 65 Th					
The Botton of the same and the		MDANA, IL. II.	RO . A . HIS	asingad =	

125 Mailtgosoff C1.

	1 (NA		MARYLAND STATE DE	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1. M	ARYLAND .
	£ 50 %	1		E OF DEATH	11015
	24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death.	1.	PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re e. STATE D. COUNTY	sidence before admission)
	s after by the pages is after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL	and give nearest town)
	hour S. F	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	2 G - 1
10	fille paper nin 72		Mount Wilson State Hospital	911 N. Central Ave	e. IS RESIDENCE ON A FARM? YES NO W
	within pletely sarbon nt, with	3.	NAME OF DECEASED (Type or print) Charles Joseph	Last 4. DATE Month OF DEATH 8	Oay Year 3 1966
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	6.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIDOWED OIVORCED	8. OATE OF BIRTH 9. AGE (In years IFUNDER)	
	e be exician sician and in	10. du	B. USUAL OCCUPATION (Give kind of work done ling most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
	rtificating phy Then p	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Bertha Ball	V-1112
	The law requires that the death certificate be or attending physician. ate has been signed by the attending physician use as the burial-transit permit. Then please salth prior to burial, cremation, or removal, and it	15 (Y	25. NO. OF UNKOWN) (If yes give war or dates of service)	INFORMANT Address	oital
	the drift principle		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	at the sian. Sid by transcream cream		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corebral throw	abosis of natuowa cause	30 hrs
	s th nysic igne rial- rial,		DUE TO Conditions, If any, which		
	quire ng ph sen s e bu to bu		gave rise to Immediate		
	v red endir s be s th rior t		underlying cause last. (c)		
	e lave atte	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	I: The all or under the all He all	FICA	200 ACCIDENT WAS UNDERLYING THE LOOP PROPERTY HOW IN HUNDY COO	UDDED (February and Industry In Double of Double of Home 30)	YES NO
	SICIAN hospit certi ched i	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 7 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Pert I or Part II of Item 18.)	
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. INECTOR: After this certificate has been signed by a Should be detached for use as the burial-transid with the State Dept. of Health prior to burial, cre	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While factor at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour pry, street, office bidg., etc.)	nty) (State)
	R: Ai		21. I certify that (I) (this hospital) attended the deceased from		, that (I) (we) last
	ATT reta ccto sho vith		saw the deceased alive on \$ - \frac{1966}{22a}, and tha	t death occurred at 1 M, from the causes and on th	e date stated above. TE SIGNEO
	DIRE 3		Murymun M.		3.66.
	TO HOSPITAL (Page 4 may look Funeral Didirector, page should be file		22c. PHYSICIAN'S Wm. Newcomer, M.D., Superintender	1 22d ADDRESS	
	Page Page FUN direct	23			nty) (State)
	2 2 00		analomy 7	Goard of Maryland	CLONATURE
	VR AIS (4)	2	elled Feneral House Pelseville - 8	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	rles Judge
	20M 1/65	1	Miles Miats		

Mount Wilson

Mount Wilson State Hospital

12 2 dec Uniconda, Mt. Wilson State, Rospital

who Newcomes, M. U., Superintendent Hount Wilson, Manyland

al markery horner of

rindiagol based must in thous Leaf and made woo it, it abrooms gant wm. (excount, S.I., Super-intendent Sount Wilson, Suryland

MARYLAND STATE DEPARTMENT OF HEALTH SIGN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Baltimore MARYI AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills Adelphi months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rosewood State Hospital Powder Mill Road NOTO YES 3 NAME OF First Middle Last 4. DATE Month Oav DECEASED (Type or print) DEATH Paul JOHNSON Christopher 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIEO 5. SEX OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days Hours WIDOWED [DIVORCEO [Male 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY heverly, COUNTRY? Washington//D/Q U.S.A. Dependent

13. FATHER'S NAME none MOTHER'S MAIDEN NAME attending ph rmit. Then Paul Calvin Johnson Clara Madeline Campbell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 0 (Yes, no. or unkown) (If yes give war or dates of service) Rosewood Records, Owings Mills, Maryland none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) gave rise to immediate OUF TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES -NO F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) ZUA. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) hospit 20c. TIME OF INJURY Month, Oav, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. at work 21. I certify that to (this hospital) attended the deceased from. and that death occurred at 8:40M, from the causes and on the date stated above. saw the deceased alive on/ 22a. SIGNATURE 22b. DATE SICNED ATTENDING PHYS. 8-5-66 aci DIRECTOR pa 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Marcio V. Rosewood State Hospital, Owings Mills, Md Pinheiro. BURIAL, CREMATION. 23a. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) **BEMOVAL** (Specify) George Washington Hyattsville 24. FUNERAL DIRECTOR XL Ave, ADDRESS Silver Spring 5a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Warner Pumphrey Inc. VR A15 (4)

AINII erepolitabiliti unityan ere (black) offered to be fall analys Control of the second of the s Liedwin online: 1943 MARKET BETTER THE STATE OF THE M. "Linguis . Tingeriot T.T. Tosewood state nounted. Codege allie, at

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11018 11029 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral ove carban papers. Pages 1 and y event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catonsville c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Baltimore days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? STATE GROVE HOSPITAL SPRING 275 McCurley Street YES | NO F 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED Jones 19 66 Royal E. August 23 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove birthday) sep DIVORCED Months Days Haurs May 27 1882 white male WIDOWED the attending physician and sit permit. Then please rem 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life even if retired). Balto. City COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hinkwown Reason Jones unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war ar dates of service) 10 STATE HOSPITAL 216-36-5126 Records: SPRING GROVE crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH RONCHO PAEUMO NIA IMMEDIATE CAUSE (a) signed by DUE TO burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO attending p stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES K NO the hospital or far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Nat While factory, street, affice blda., etc.) ot wark ot work 23 19 00 that (I) (we) lost 21. I certify that (IX(this hospital) attended the deceased from. Aug. Aug. 11 , 199625 to Page 4 may be retained 19 66, and that death occurred at Aug. 23 M, from couses and on the date stated above sow the deceosed olive on_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING a. Jahen M.D. DIRECTOR PHYS. PHYS. GROVE STATE HOSPITAL 22d. ADDRESS SPRING 22c. PHYSICIAN'S A. Taheri, M.D. NAME (Type) Baltimore, Maryland 21228 directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Lake View Cem Carrol Co. Md 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY_REGISTRAR Charles VR A15 (4) 20 M 1/66 G. Truman Schwab #XXX 3512 Frederick Ave. Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

21011	A STATE OF THE STA		
CALLA			P3061
	Stations.		with the
	ogonadies.	SUDE	n Silveredea
	terral material 279	T AME ROLL	TAZE MONO EXINE
	nerot.	. E	Sull list of
	The Court To the		
	bus-ya-k		THE DANGE AS T
	87-37 - 5825°C - Labour V	A College State of the State of	An annual Control of the Control of

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY MARY LAND b. COUNTY the f hours after DALTIMOR MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Page on papers. Pag within 72 hours Zone 21136 .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADORESS NO V letely rbon p NAME OF DECEASED DATE DF DEATH 3. Middle Last Month Day Year comple car (Type or print) 8 WOODROW 1966 ones physician and come en please remove (oval, and in any eve 5. SEX 6. COLOR OR RACE OATE OF BIRTH ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Oavs | Hours | Min. 8. 7. MARRIED NEVER MARRIED Oays WIDOWEO [OIVORCEO [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? euchson Dd removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then Alice Crue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ones 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last. as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT certificate h for use Health PERFORMED? CERTIFICAT NO F maem 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work should ith the P 21. I certify that (I) (this hospital) attended the deceased from Auto-66 to AUGUST DIRECTOR: Jage 3 should lied with the saw the deceased alive on AUGUST IST 1966, and that death occurred at 600 M, from the causes and on the date stated above. SICNATURE 22b. OATE SIGNED 22a. page 12 OIRECTOR PHYS. M.O. PHYS. 4 may PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BALTIMORE BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 166° 24 A FUNERAL DIRECTOR REC'D BY REGISTRAR 25a. liarlen VR A15 (4) DATE 20M 1/65

5 DAS /SALT SIA Detroit The Control of the Control o The Company of the Co CONT. 24 32 36 1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11031 CERTIFICATE OF DEATH we carban papers. Pages I ajustive carban papers. Pages I ajustive event, within 72 haurs after death. requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY a. STATE Maryland Baltimore MARYLAND CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Baltimore Towson e. IS RESIDENCE ON A FARM? filled in d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 716 Oldham Street St. Joseph NO A Middle 4 DATE 3. NAME OF First Last Year attending physician and completely formit. Then please remove carban Doy DECEASED OF DEATH 1966 August Thelma Karas (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In years S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Haurs Manths Days X and Throny White WIDOWED DIVORCED 4-15-97 Female 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Turkey Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal. KVriaki 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service Miss Baltimore. Oldham crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Congestive heart failure secondary to Arteriosclerotic cardiovascular disease Conditions, if ony, which gove (b) Cerebro-vascular thrombosis, left side rise to immediate cause (a). DHE TO stoting the underlying cause Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o.m. factory, street, affice bldg., etc.) Not While at wark at wark 2). I certify that (I) (this haspital) attended the deceased fram August 7., 1966, to August 7., 1966, that (I) (we) last saw the deceased alive an August 7. 19 66, and that death accurred at 9:40 AM, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING August 7,1966 PHYS. M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road, 21204 Teodulo Paglinauan, Jr., M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23g. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) Bartimore 166 Greek Orthodox Buria 10 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR Matthews. 3021 VR A15 (4) 20 M 1/66

-usoil	Section of Statistics	i i
1101122		
	AND PLANTS OF THE PARTY OF THE	was tire
	AND THE PERSON NAMED IN COLUMN TWO	
	TARREST AND COMMENTS OF	No. of the last of
1411		Mugestion at S
	V	
	Theches would be broad by a popular	
	deal productive in I have the	
*		
before the last the second of the		
	AP ACT OF A STATE AND A STATE OF	
The second second second		

1. PLA	DIVISION OF DEAT		TISTICAL	RESI	CER	TIFICAT	s, 301 W.	PRESTO DEATI	ON STR	EET, B			11	1121	1
a. C	owii t	imore				MARYLAND	2. USUAI a. STA		rylar		b. COUN	of firms of	Residence Ltin		Imissio
b. C	ITY OR TOW	N (if outside and give nea	corporate lin	nits,	c. LENGTH	OF STAY IN 1b	c. CITY DI	R TOWN (I		corporat	e limits, wr				t towr
d. N		SPITAL OR INS			hospital, give :	0	11	ADDRESS		-	Ave.			IS RES	FARM?
(Тур	E DF EASED e or print)				Keene	dle	Las	t	4. DA' OF DE	TE Ath	Mont	h	4 Day	Yea 19/	
	lale	Whit		IDOWE	0 0	MARRIED	8. DATE OF	11 -	01	last 65	yrs.	Months	Days	Hours	MIn
during m	uck (ing life, even	of work done If retired)		KIND DF BUSIN INDUSTRY Brocer		Ca	ambri	idge	, M	reign country	C	OUNTRY	OF WHAT	
	THER'S NAM						14. MOTH		DEN NAME						5
15. WAS (Yes, no, Yes	or unkown)	EVER IN U.S. A (If yes give war	e RMED FDRCES or dates of serv	ice)	S17-07				Keen	ne 4	Addres		ar A	ve.	
18.		DEATH (Enter EATH WAS CAL IMMEDIATE	JSED BY:	ise per	line for (a), (b)	, and (c).]	arre	et.					INTER	RVAL BET	
gave	e rise to	any, which Immediate tating the	DUE TO (b)_ DUE TD		E	chemis	m	pe Ca	udul	dise	aso,		2	yes	
PAR	T II. OTHER	SIGNIFICANTO	Deale	to	UTING TO DEAT	etus	Co	er ho	sis.	of.	Line		YE	WAS AU PERFOR S	
		WAS UNDERL' ING CAUSE TIFY MEDICAL INJURY MONT			DESCRIBE HO	RED 20e. PL	ACE DF INJUR	Y (Home, f	arm, 20f		or Part II o		unty)	(S	State)
WEDICAL 20c.	Hour a.i	m.	19	While at wor	rk at work		ory, street, of		14	. (2 4				
s		ceased alive		attend	ded the dece	ased from and the	nt death occ	urred at	1967, 2:34 _M ,	from th	he causes	and on t	the date		abov
22c	L	y all	for y		Kay	M.	22d. A	DDRESS	MED. DIRECTOR	?	TAFF PHYS.	aug	5,	196	6
23a. BL	JRIAL, CREN	IATION, 23b.	DATE THER			e of cemeter					ON (CIty, to	own or co	unty) aryl		tate)
		8	-8-66								timor			UNA	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11033 1022 CERTIFICATE OF DEATH death funeral s 1 and 2 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY BALTIMORE papers. Pages 1 nin 72 haurs after MARYLAND MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rite RURAL and give negrest tawn)
FORT HOWARD 35 DAYS BALTITMORE A STREET ADDRESS = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled 2801 Strathmore Avenue VETERANS ADMINISTRATION HOSPITAL YES NO V carbon NAME OF First Middle Last 4 DATE Year DECEASED (Type or print) ease remove carb and in any event, WILLIAM JOSEPH KELL 19 66 AUGUST DEATH executed S. SEX AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost (Sighday) Months Days Hours MALE WHITTE 6 29 01 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY **COUNTRY?** BALTIMORE, MARYLAND
14. MOTHER'S MAIDEN NAME the death certificate II.S.A Beverage BARTENDER 13. FATHER'S NAME ar remayal. HELEN A. O'NETLL HENRY C. KELL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dotes of service) 212 14 30 00 CLINICAL RECORDS-VAH, FORT HOWARD, MD. IIWW-IWW burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DAYS DEATH burial-transit PART I. DEATH WAS CAUSED BY requires that BRONCHOPNEUMONIA, RECENT IMMEDIATE CAUSE by signed ! CARCINOMA, LARYNX MONTHS Conditions, if ony, which gove rise to immediate cause (a) stating the underlying couse be retained by the haspital ar attending been be detached far use as the State Dept. of Health prior to METASTATIC CARCINOMA, LYMPH NODES NECK & MEDIASTINOM); LUNG PLEURA, LIVER, DIAPHRACA. MONTHS WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PEDFORMED? EMACIATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Not While ot work ot work TO FUNERAL DIRECTOR: After , 1966 to AUGUST 4 1966, that \$0 (we) last 21. I certify that NO (this haspital) attended the deceased fram JULY 1 shauld saw the deceased alive an AUGUST 4, 1966, and that death accurred at 520A M, fram causes and an the date stated above 22b. DATE SIGNED 22n. SIGNATURE ATTENDING MED.
DIRECTOR STAFF directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S GEORGE DUDAS M. D. VA HOSPITAL FORT HOWARD, MARYLAND 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 8/8/1966 BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR 4905 York Road 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **JENKINS** VR A15 (4) 20 M 1/66 HENRY W. Baltimore, Maryland & Sons

55011				P 280 ML
				BROKESUA ₄
		THILAT	35-14-38	UPLANUEL ZHIVA
	The Telephone William	16 T. 16	1/03/2/01 10	armen ook enroed
4	VECTOR .	NAME OF	nsen.	Full IV.
	**C		2.00	PLIM LUNG
	citaggian			and char
	1	Maria.		
arolos FUAZ		i i		
				totte worker
	THE AGE	T YIU.	ususu (A seusu	and the State of the last
3 4 8				
	ton non-imin	EIGH AV		and the opposite and the contract of
		LAROT	ANI BREMERIAN ANI MENERALAN AN	SECULAR SECULAR

501		46011	
	Assembly 1855	federac makes .424	
			7
			4
	3 - 2-25 - 1000	S acceptable to the second	
	A STATE OF THE STA		
	Many States of the Party of the		
	Market and the second second and the		
	(milmic in A) state Report real.		
	seem to the second of the second		
10 to	SECTION AND ADDRESS OF THE PARTY OF THE PART		
	And by the second fraction converse the		
-02345	The second second second	L surrenua Lawrenua L	
			STATE OF THE LAND

MARYLAND STATE DEPARTMENT OF HEALTH

\$\$011		prain .	36017
			Turk ye Mail
Promision			Promising and
127.15 946	Property of the second	0.77	group Inc
		STATE GREEN	- sents all pi chuck
	a se a state	Lincol	element of the
	150	ome a hory	elin elin
k - ' s - q	in . Production on		
	CHARLES COST OF BUILDING	ANTALIS TO S	notical Pastics
	on Animalian some frieden		
	nasenia asimpervolbura ok		
	The second second second		
		ne litter	The bleenerall
appropriate post of \$13 Compared within Topics	what we the man is a lift of	Carlo Color	
-0274	etiol militar Christian	A A STORES	.20 57 5170 5271
	in Stores To Hinney in	hall you have	2.
	BH I SWITCH TO SE	E 1200	naceuli caleen e collice

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11036 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Poge o. STATE b. COUNTY 0 Baltimore MARYLAND Maryland Baltimore 3 b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 1b puo PM3 write RURAL and give negrest town)
ESSEX (21) Deportm after Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 1812 Middleborough Rd. 1812 Middleborough Rd. Item 18. Give Pages Office along with for NO NO 24 hours after deoth. 3. NAME OF with the Sto Within 72 First Last 4. DATE Day Year DECEASED HERMAN KIESLING, SR. (Type or print) August 13 DEATH S. SEX AGE (In years last birthday) IF UNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. Months Dovs Hours White Male WIDOWED -DIVORCED June 1, 1879 event puo 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ONV Shoe Repair Shop .⊑ Chief Medicol Exominer's Germany

14. MOTHER'S MAIDEN NAME bages USA pencil 13 FATHER'S NAME executed within = Simon Kiesling Unknown and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Back ARiver Neck Rd. "pending" removol, Spanish American Margaret Dvorak Baltimore, Md. 21221 None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: buriol-transit ONSET AND DEATH 0 IMMEDIATE CAUSE (a) word 4200 This certificate should cremation, DUE TO forworded to the Canditions, if ony, which gave writing the rise ta immediate cause (a), DUE TO stoting the underlying couse 00 buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION the certificate. NO 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Dov. Year-20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street office bldg. etc.) moy be retoined for your FUNERAL DIRECTOR: Page at wark designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion Natural couses Accident funerol director. death resulted fram: Suicide . Hamicide | Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DAFE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy 100 FONE Theodore C. Patterson, M.D. 105 Main Stess (Strain of the or the 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Baltimore Md.

PEGISTRAR S SIGNATURE

PEGISTR Buria (Specify) Mt. Carmel Cemetery VR A15MEST Bruzdzinski Funeral Home 1407 Eastern Ave.

CSULL BEAUTIFUL STREET, STREET

francisco.

(22) %3(2)

ing a few light appropriate in the control of the c

Deliver Sign For the Last Bare Parties

78 still tend of the still of the still of

and the second party of the second second

Second Steeling Spilesing

and stook were lead to the lead to the lead of the lea

Yes Epanish Arerican wine Frankuret voru Daltimore, Md. 21221

No symmetric married property of AAChe Intiffe

Samuelainath a moind no e let uncern nach.

11037

CERTIFICATE OF DEATH

11026

: « ins	1	11009	CLKITICALL	OI DEMIII	121740
death.	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	ce befare admission)
uneral and land		o. COUNTY BALTIMORE	MARYLAND	o. STATE MARYLAND b. COUNTY -	
the faces and a safte		b. CITY OR TOWN (If autside carparate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give	nearest tawn)
iin 24 haurs after of filled in by the fun papers. Pages 1 hin 72 hours after		write RURAL and give nearest tawn) FORT HOWARD	49 DAYS	BALTIMORE	20 31
haurs in by irs. Pe		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
filled i paper thin 72		ETERANS ADMINISTRATION H		164 N. Ellwood Ave	ON A FARM? YES NO
语 重量》		NAME OF First	Middle	Last 4. DATE Manth	Doy Year
ed with oletely f carban ent, with		DECEASED (Type or print) JOSEPH	PAUL	KIKER, SR. OF DEATH 8	22 19 66
ecuted with campletely ave carban y event, wi	Š.		*	B. DATE OF BIRTH 9. AGE (In years IF UNDER	
execute and camp remave any eve	I	IALE WHITE WIDOWE		3 20 96 last birthday) Manths 70 yrs.	Doys Hours Min.
e ex end rem in an			KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TZEN OF WHAT
ign ease	dur	ng most of warking life, even if retired) TAVERN OWNER	INDUSTRY	WORTON, MARYLAND	UNIRY?
scripto please	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	ODA
th certifi	7	DWARD KIKER		ADELIA MCNARNEY	
em The			6. SOCIAL SECURITY NO. 17. II	NFORMANI Address	
en en ar		s no ar unknown) (If we give war at dates of service)		NICAL RECORDS VAH FORT HOWAR	n. Mn.
that the dian. by the attransit per cremation,	-	1B. CAUSE OF DEATH (Enter only one cause per line to		MICAN INDOCTOR VAN TOLL NOWAL	INTERVAL BETWEEN
the the material transfer of the transfer of t		PART I. DEATH WAS CAUSED BY:		UE TO HYPERTENSION	7 ONSET AND DEATH
s that the cian. I by the creasit, cremat		1443 X IMMEDIATE CAUSE (a) DICE	and instructional D	OB TO HIT BILLIANDION	I DATO
equires the physician. signed by burial-trai	13		PERTENSIVE CARDI	OYASCULAR DISEASE	YEARS
physic signec burial burial		rise ta immediate cause (a),			
The law ratending has been se as the th prior to		stoting the underlying cause (c)			
AN: The law all ar attenditions trate has bee for use as the Health prior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
r atter atternations of the part of the pa	TION	ENCEPHALOMALACIA DUE TO			PERFORMED?
AN: Jar ar icate for us Healt	FICA			(Enter nature of injury in Port I or Port II of item 1B.)	T III AA III L
pito prificial p	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
by the hospital ar attending by the hospital ar attending far this certificate has been be detached far use as the State Dept. of Health prior to	MEDICAL CERTIFICATION		INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)
de this	MED	Hour o.m. Wh	nile Not While focto	ory, street, office bldg., etc.)	
d by the After the defer the defer the defer the defer the defer the defer the State of the deference of the		21. I certify that (this haspital) atte	ended the deceased from	7 1 19 66 to 0 22 19	66 that #1) (wa) last
		saw the deceased alive an 8 22	2 19 66 and that	7 4 , 19 66 , to 8 22 , 19 t death accurred at 7 30 M from causes and an the	he date stated above.
TTO ITO ITO ITO ITO ITO ITO ITO ITO ITO		220 SIGNATURE		22b. D/	ATE SIGNED
OR ATTENDING be retained by th DIRECTOR: After t e 3 shauld be de ed with the State		Jeler Juvan	M.D	D. ATTENDING MED. STAFF NO. PHYS. WED. PHYS. WED. PHYS.	22/66
AL O		22c. PHYSICIAN'S		22d. ADDRESS	
SPITAL 4 may VERAL I Iar, pag		NAME (Type) PETER JUVAN	M.D.	VA HOSPITAL, FORT HOWARD,	MARYLAND
Foge 4 may be retained to FUNERAL DIRECTOR: 4 director, page 3 shauld shauld be filed with the	230	BURIAL CREMATION. 236. DATE THEREOF	23c. NAME OF CEMETERY OR (CREMATORY 23d. LOCATION (City ar Tawn)	(Caunty) (State)
Pogo o		REMOVAL (Specify) Burial 8/26/66	Still Pond C		
- m	24	. FUNERAL DIRECTOR	Baltimers & Str	eeper Sto REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE Judge
VR A15 (4) . 20 M 1/66	De	browski Funeral Home	Baltimore, Mary		00

Control of					
asoll			1601		
	anoman .		SECRETAL		
		ET C 94	WARNE MAKE		
	15t F. Plumod 6ve	L CANTAGO I	ar eletifica employ		
	The second	el .	200 to 6		
	5 20 96 70 70 76		TIEW - LOS SUN		
	markin, see				
	Library Amage		stinu o and		
	THE PERSON SHEET, NAME OF THE PARTY OF	lane to up as of			
aut i	not state to a final con-	CONTRACT TARE			
	ZEAPTOL HADIOBANO IN	RAD SYLVE SERVER			
	and but the second	HE KRYCKING CO	Dis Alina and Bull 1948		
	St. Profession	180	area of Arabana barrio		
	2 (1) 11 - 2: 6) (1 1) 1		A 15 15 1		
DATE MATTER	H TROPE , MATERIANE AV. A.	1. T. T. MAN	m, compared to the same		
factivall ,v	Tensons of August 1965	P. S. Sarakin Ed E. C. S.	exoli demonstration illore		

14	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11038 CERTIFICATE OF DEATH	7
funeral and 2 r death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before ac a, STATE b. COUNTY	lmissio
the after	Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	t towr
in by S. Page hours	Baltimore 21236	
bon papers. within 72 h		IDENC ARM? NO
event, wit	3. NAME DF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) Emma B Klausmier OF DEATH August 1, 19	66
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED N	
	10a. USUAL OCCUPATION (Cive kind of workdone during most of working life, even if retired) Homemaker 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A.	1
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
on, or removal,	Phillip Reichert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) NO (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT Address Mr John Klausmier 3920 KlausmierRoad #36	5
as the burial-transit per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: (Corebral hemorrhage DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause iast. (c) Old myocardial infarction.	TWEEN DEATH
t. of Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFOR YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	TOPSY MED? NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (Street, office bldg., etc.) 20f. (City or town) (County) 20f. (City or town) (City or town	State)
filed with the	21. I certify that (i) (this hospital) attended the deceased from July 31, 1966, to August 1, 1966, that (i) (v saw the deceased alive on August 1, 1966, and that death occurred at 7:15M, from the causes and on the date stated 22a. SIGNATURE 22a. SIGNATURE M.D. ATTENDING MED. STAFF AUgust 1, 19 22c. PHYSICIAN'S NAME (Type) Elmo M. Gayoso, M.D. 22d. ADDRESS 7620 York Rd., Baltimore, Md. 21204	abov
director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (St. REMOVAL (Specify) 8-4-1966 St. Michael's Cemetery Baltimore, Maryland Co. 24. FUNERAL DIRECTOR ADDRESS (3L) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Land Land Land Land Land Land Land Land	ate)

DIADER S

Indicator Tentrol .30

. A Thinsmile Otto

6 f 6

THE RESERVE OF THE SERVE OF THE The construction of the co

Arthur one of the continue of the character of the . The line stead evilen ned simethe

. monthere int intermotes 100

April 1. Comment L. D. Péri Joy Vol. 1. 1. Comment Li. 21204

11028

IS RESIDENCE ON A FARM?

Year,

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

LOCATION (City) or

2So. REC'D BY REGISTRAR

DATE AUG

own)

2Sb. REGISTRAR'S SIGNATURE

(County)

NO A

(Stote)

NO 1

YES

Doy

within 24 haurs after death

executed

requires that the death certificate

45011					
					SPILL
	Alberta Sanda Park				
			TO AT THE SERVICE		
		1 1 1 1 1 1			
4 0 4	A PARTY OF				
	T. 17126 Dr. L'110	- Fallen			
					新沙湖村

M		DIVISIO	N OF STATIST	ICAL RESE	ARCH AND		, 301 W. F	PRESTON	STREE	T, BALTIN	MORE 1,	MARYL	AND
and 2 death.		11040			CER	TIFICATI	E OF D	DEATH				11	029
	1.	PLACE OF DEATI a. CDUNTY	Ва	altimore		MARYLAND	2. USUAL a. STA	TE .	E (Where de Land		OUNTY _	Residence	before admission
within 72 hours after		-	N (If outside corpo and give nearest t	rate limits, own)	c. LENGTH O	F STAY IN 1b	c. CITY OR			porate limits,	, write RUR	AL and giv	e nearest town)
5		d. NAME DF HDS	OWSON	TIDN (if not in i	nospital, give si	treet address)	d. STREET	TOWS	on			0 =	. IS RESIDENCE
^			12 Stanmor		Section 1				Stanm	ore Rd.			ON A FARM?
	3.	NAME DF DECEASED (Type or print)		First 11iam	Midd E.	die Koer	Last		4. DATE DF DEATH	M	onth Lugust	Day	Year
ı	5.	SEX	6. CDLDR OR RAC		NEVER M	ARRIED 8	B. DATE OF	BIRTH	9.	AGE (In year	rs IFUND	ER 1 YEAR	IF UNDER 24 HRS
ı		ale	White	WIDOWED	יום 🔲	VORCED []	Feb. 28	8, 190	9	1ast birthda 57 yrs			Hours Min.
	10a dur	USUAL OCCUPATING most of work	IDN (Give kind of wo	rkdone 10b. (ired)	KIND DF BUSIN	ESS OR	11. BIRTH	IPLACE (Cou	unty & State	, or foreign cou	ntry) 12.	COUNTRY	OF WHAT
	13	Zinc Etc	her		Printi	ng	L 14 MOTH	Balto	. Md.			US	
	10.												
Z	15.	WAS DECEASED.	iam Koerbe	FDRCES? 16	. SDC IAL SECUR	ITYNO. 17.	INFDRMANT	ances	Woods	Add	dress		
	(Ye	s, no, or unkown) Yes	(If yes give war or date	es of service)			s. Ruth		nerhe	r 212	Stanm	ore R	d.
	1		DEATH [Enter only	one cause per	line for (a), (b),		-1//	/	OGI DG.	<u> </u>	Doarm	INTE	RVAL BETWEEN
		PART I. DE	ATH WAS CAUSED IMMEDIATE CAU	BY: SE (a)	(oron	ary O	Herom	ibosi	is			DNS	ET AND DEATH
		420	DI	JE TO	at	-1		A					
		Conditions, If gave rise to	immediate /	(b)	wife	ussch	erosi	A					
		cause (a), si underlying caus	tating the Di	UE TD									
	NO		SIGNIFICANT CONDI	(c)TIONS CONTRIB	UTING TO DEATE	H BUT NOT RELA	TED TO THE T	ERMINAL DI	ISEASE CON	DITIONGIVEN	IN PART 1	(a) 19.	WAS AUTOPSY PERFORMED?
	ICAT											YE	
	CERTIFICATION	OR CONTRIBUTE	WAS UNDERLYING ING CAUSE OF D TIFY MEDICAL EXA	EATH	DESCRIBE HOW	V INJURY OCCU	RRED. (Enter	r nature of	Injury In P	art I or Part	II of Item	18.)	
	MEDICAL	Hour a.r.		y, Year 20d. While at wo	Not While	factor	CE OF INJURY ry, street, offi	Y (Home, far ice bldg., etc	m, 20f.	(City or town) (0	County)	(State)
	2	21. I certif	y that (I) (t his h				su- 2	2196	60 to	Mat.	2 19	6 th	at (I) (we) las
	15	saw the de	ceased alive on_	(ma h	196	/.	death occu	1-91	700	7		the date	stated above
		22a. SIGNATO	RE	14	1	V	ATTENDI	NGM	IFD.	STAFF	22b.	DATE SIG	NED
		22c. PHYSICIA	welle \	- 1001		M.D	PHYS.		IRECTOR	STAFF PHYS.			
		22c. PHYSICIA NAME (T)	ype)				680		rkK	1			
	23a	REMOVAL (Spe	eclfy)	E THEREOF		OF CEMETERY		DRY	1230, L	OCATION (City	, town or	county)	(State)
-	24	Burial FUNERAL DIRE	ECTOR 8 1	5 1966	ADDRE	udon Pa	rk	25a. REC		STRAR 25b.	REGISTRA	AR'S SIGN	ATURE
3		Mc	Cully	1	30 E. Fo	rt Ave		DATE A	UG 1	5 1966	gel	iarle	Judge
	=		1								<i>y</i>		0

N AL

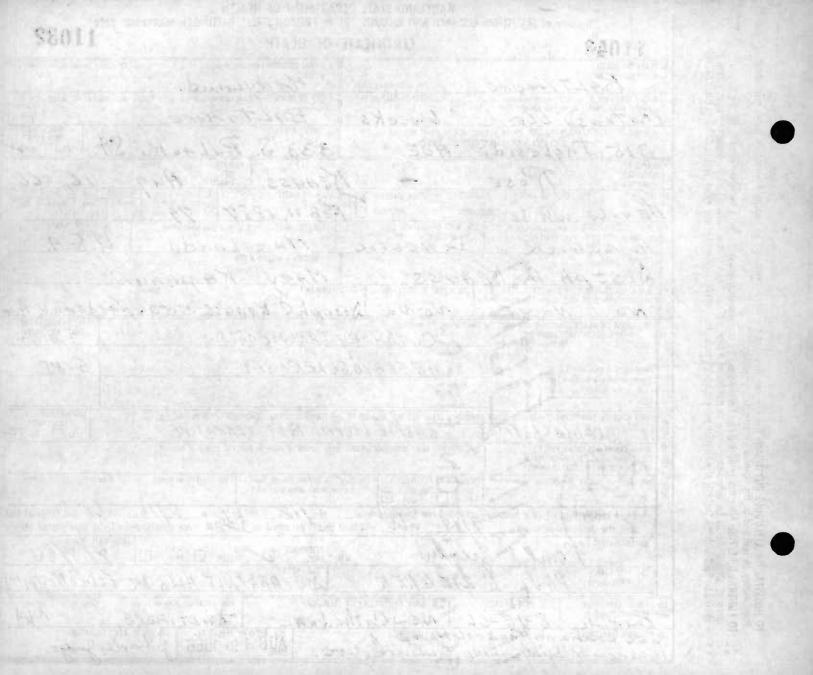
NEW TENERS NO. ega galante de la companya de la com . Care a de la companya del companya del companya de la companya d SANS I HAVE BEEN HOUSE TO SHOULD BE SHOULD BE SHOULD BE AND THE LOSS OF SECURITY AND

usnit-Marie Carl Strall Back

On innerpropagate display the second second

0.1.1			55011
	40,473,00		
	THE PERSON NAMED IN	· · · · · · · · · · · · · · · · · · ·	
	·		Total Control
	Lie french		
. Denotine	RIVERSET.	res J. Korloneki	
	Placefeel I same V . vy		
10000	Languages . L. Ellerit . 47	985	

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) MORE MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH CF STAY IN 1b filled in by papers. Page in 72 hours a write RURAL and give nearest town) BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within etely with NAME OF Middle Last DATE Month DECEASED event, comple Car UGUST (Type or print) DEATH SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH emove. 7. MARRIEDAT NEVER MARRIED last birthday) Months and any WIOOWEO [DIVORCED J 10a. USUAL OCCUPATION (Give kind of work done) Ξ 10b. KINO OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) certificate FATHER'S NAME Marie Wehner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) perm Rita Greenwald Krebs, wife, no the been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] law requires that the PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use certificate CERTIFICATI PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certification of I OR CONTRIBUTING | CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) det factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. at work! D 3 should with the 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death occurred at 132 M, from the causes and on the date stated above. saw the deceased live on DIRECTO 22a. SIGNATURE 22b. page ATTENDING DIRECTOR X HOSPITAL TO FUNERAL director, p should be 1 FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Gardens of FatthCem. Baltimore, Md. Burial /66 24 FUNERAL DIRECTOR Funeral Home. 3331 Brehms Lane

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Charles

e. IS RESIDENCE ON A FARM? NO

Year

19

Hours

YES

above

19.

(County)

YES

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMEO?

NO T

(State)

(State)

Day

· · · 3 AUTOURS AND THE HAMMENT THE FRIENDLY TOSEPH NAMEDS CONTROL OF 4 4 6 1 5 6 6 See Whe Will ENGRETO, MAEVERINE OLE H CHEET THE CHARLES TO SEEL AND THE WHITTHEN cone come a design of maceus in fig. The second secon A.C. Charles Livering and Association of the And the state of t ANG TO SEEL OF BURNEY Carlot Control of the Control of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11045 CERTIFICATE OF DEATH 11034

			The same of the sa
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)
	BALTIMORE MARYLAND	a. STATE MARYLAND BALTH	MOREV
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
	BALTIMORE 20 DAYS.	BALTIMORE.	30 -4
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	GREATER BALTIMORE MED. CENTR	F7131 HARFORD RD	YES NO V
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) CARL WILLIAM KUEHA	JE DEATH AUGUST 2	4 1966
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months	YEAR IF UNDER 24 HRS.
	M WIDOWEO OIVORCED	7.30.91 75 yrs. Months	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT
uu	Retired Gas & Elec. Co.	BALTIMORE, MD. U	UNTRY?
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-11
	Henry Kuehne	χαραχαχας Clara Kinderva	ter
15	5. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Y	es, no, or unkown) (If yes give war or dates of service) Yes WW 1 2/205537 Mr	s. Naomi Kuehne (Same)	
-	18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	s. Naomi nuemie (Jame)	INTERVAL BETWEEN
		1.715,5	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOM	171000	
	DUE TO COMPANY	SE BAGAGE	-105
Н	conditions, If any, which gave rise to immediate (b) CARCINOMA	01 1242/13/	1/10
Н	cause (a), stating the DUE TO		
2	underlying cause last. (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
SICA	HRVIER(105CLEROTIC HEAD	et DISEASE	YES NO
RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bldg., etc.)	nty) (State)
EOI	Hour a.m. While Not While p.m. 19 at work at work	ny, street, onice bidg., etc.)	
2	21. I certify that (I) (this hospital) attended the deceased from A	VC UST 4 1966 to AVG UST 1924	that (1) (we) last
	saw the deceased alive on AUGUST24 1966, and tha	t death occurred at 10.50 AM, from the causes and on th	e date stated above.
	22a. SIGNATURE		TE SIGNED
	m. Saabelle machear M.	D. PHYS. MEO. STAFF OIRECTOR PHYS.	
	22c. PHYSICIAN'S	22d. ADORESS	1. +
	NAME (Type) ISABELLE MACGREGOR.	greater baltimore hed.	Centre.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
	REMOVAL (Specify) 8/29/66. Baltimore Na.	tional Cem. Baltimore, Md	
24	A FUNERAL OIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
I	eonard J. Ruck Inc. Balto. Md. 21214	DATE AUG 29 1966 goly	men Judge
		, one	- Vinding

VR A15 (4) 20M 1/65

Potter Co. Co. Co. Co.

referry Kashna . sagaforación de la constant de la

James Vacon Impar and

CARCINOMATUSIS

CARRENTENA OF PRESENT

ARTISTIOSCEROTIC NEMET DISCHEE

Surial 1 S/20146. Seltinore Mathemat Cem., Meditmore, 188.

Loomersh J. Snok Land, Malie, Md. 21214 41515 . Bl. attall .onl None . 5 framout

FOR STATE

PM3. Page delay is

State Department af 2 havrs after death.

pages land 2 with the

Health or its designated agent, prior to burial, cremation, ar remayal, and in any event within

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate shauld be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 3 the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, TO DEPUTY MEDICAL EXAMINER:

1046

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

11035

I. PLACE OF DEATH					(Where deceosed lived, if		dence befare odmiss	ian)
o. COUNTY Baltimor	e		MARYLAND	o. STATE Marvland		b. COUNTY Balti	more	
b. CITY OR TOWN	(If outside corporate limi	its, c	LENGTH OF STAY IN 16		utside carporote limits, v			
	nd give neorest town)		44 Yrs.		,			
Edgemere	TTAL OR INSTITUTION (If r	at in hornital sive		Edgemere			e. IS RES	IDENCE
	` i	ioi in nospiioi, give	zueer oddrezz)				ON A	FARM?
	dman Ave.				dman Ave.		YES L	NO X
3. NAME OF DECEASED		irst	Middle	Lost	4. DATE OF	Month		ear
(Type or print)	Joh	ın	J.	Kupfer	DEATH	August		66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In			ER 24 HRS.
Male	White	WIDOWED [DIVORCED	3/11/96	last birtl	nday) Months	Days Haurs	Min.
	ON (Give kind af wark dane		OF BUSINESS OR	11. BIRTHPLACE (Stote	or fareign cauntry)		CITIZEN OF WHAT	
during most of warkin	a life even if retired) itter (Reti	red Stand	dard Oil Co	. Maryland	1	1	COUNTRY? J. S. A.	
13. FATHER'S NAME	1200 010	7770000		14. MOTHER'S MAIDEN			D. D. A.	
	ardt Kupfer				aret Schlee			
	/ER IN U.S. ARMED FORCES?		IAL SECURITY NO. 1	7. INFORMANT		Address		
(Yes, no, or unknown	(If yes give war or dotes	of carvica)			0 110 -			
				rs. Teresa Ku	ipier #2 a	, b, c,	d.	
18. CAUSE OF	DEATH (Enter only one co ATH WAS CAUSED BY:	use per line for (o),	(b), and (c).)	1. 1.			INTERVAL BE ONSET AND	
TAKI I. DE	IMMEDIATE CAUSE	(a)	Cercmany	Occlusion	M		ONSET AND	DEATH
42		E TO	/					
Canditians, if on		(b)						
rise to immedia		10 0	(11/2					
lost.	errying coose	(c) H	-5-C-V-J	ISEASE				
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO D		TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a)	19. WAS AU	TOPSY
NO.			110		THE THE PARTY OF T	. (0)	PERFOR	MED?
20g. EXTERNAL O	Alice was	20b. DESCR	DE HOW WINDY KEEPIN	ED (Enter noture of linjury in	Dort Las Dark II of its	10.)	YES	NO I
PRIMARY ar C	ONTRIBUTING	200. DESCRI	TE HOW MINK! DECORE	EDITER HOTORE OF SIMULY IN	ron i or ran ii ot item	10.)		
CAUSE OF DEATH.			,	,				
20a. EXTERNAL (PRIMARY or (CAUSE OF DEATH.) 20c. TIME OF IN Hour o	JURY Month, Day, Yeor .m.	While -	Not While —	PLACE OF INJURY (Home, for factory, street, office bldg., etc.	m, 20f. (City ar t	awn) (County)	(State)
× p	.m. 19	at work		ractory, snoot, office blag, ote	./			
21. I certi	fy that I taak charg	e of the remai	ns described abave,	held an Autapsy ,	Inspection 🗶,	Inquiry 🔀	, and in my	apinior
deoth resu				uicide , Hamicide		ned manner		2011
	ma			CHIEF MEDICAL			L 8_23_	1966
ACTUAL SIGNATURE	11/21	Tar	/		DICAL EXAMINER		22. DAT	E SIGNED
EXAMINER'S	1176		/		AL EXAMINER X 6	800 Mor	nington 1	Rd.
NAME (Type)	Melvin B. I	Davis M.I	0.		t, city, tawn, ar county)			
23a. BURIAL, CREMAT	ION, 23b. DATE TH	IEREOF 1	23c. NAME OF CEMETERY		23d. LOCATION (Ci			Stote)
REMOVAL (Special	(Y) 8/26			tional Cem.	Baltin		Maryl	
24. FUNERAL DIRECT		,	ADDRESS			2Sb. REGISTRAR'S		
	Duda 7922	Wise Ave			UC 2 5 400			

VR A15ME (5) 6M 1/66

5 may be retained far yaur files.

and the second second second second ment of the common of the same

The transfer of the Court of th

.D gall hard

.v. c mivet all strong better

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution; Rasidence before edmission) . COUNTY b. COUNTY Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town)
Parkville Parkville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 2907 Ontario Ave. 2907 Ontario Ave. papers. n 72 ho **completely** 3. NAME OF Middle Last 4. DATE DECEASED ANNA (Typa or print) M. KURZ August DEATH and con carbon int, with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR certificate be last birthday) Female White Apr. 28, 1892 WIDOWED X DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired) Maryland at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 attending physician. as been signed by the attending Alexander Mohr Louise C. Mattes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or datas of sarvica) Gordon L. Kurz, 2907 Ontario Ave. 21234 permit. 18. CAUSE OF DEATH [Entar only ona cause per lina for (a), (b), end (c).] 9 PART I. DEATH WAS CAUSED BY: Hypertensive C.V. Disease IMMEDIATE CAUSE (a) hospital or attending pnys s certificate has been signed or use as the burial-transit p nrior to burial, cremation, DUE TO Diabetes Conditions, if any, which (b) geve rise to immediate causa DUF TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Pert II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After transport of the detached f (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ' Month, Day, Year 20f. (City or town) Whila Not Whila factory, streat, offica bldg., atc.) Hour a.m. ŏ at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from....... and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on..... ATTENDING STAFF PHYS. DIRECTOR death. Page 4 M.D page with th 22c. PHYSICIAN'S 22d. ADDRESS 7101 Harford Rd. Nathan Janney, M.D. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 8723/66 Balto. Co., Md. D. P. B. Oak Lawn Cemetery

24 FUNERAL DIRECTOR'S SIGNATURE Ullrich Funeral Home, Balto., Md. 20M 5-63

REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Balto.

Dev

20

U.S.A.

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO DO

> > (Steta)

DATE 66 SIGNED

(State)

. IS RESIDENCE ON A FARM?

YES NO X

1966

IF UNDER 24 HRS.

Year

Manager 183 and Treasure State 2 to be fell to be seen THE PROPERTY OF THE PARTY OF TH assentative of the course 1118 - 31V A CANADA CONTRACTOR OF THE PARTY OF THE PART THE RESIDENCE OF THE PROPERTY OF THE PARTY O

5	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL 11048 CERTIFICATE OF DEATH	AND 1037
Tuneral and 2 r death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence a. COUNTY b. COUNTY c. COUNTY c. COUNTY d. STATE	before admission
s. Pages hours afte	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	e nearest town)
01	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED FOR NORTH Day OF OF DAY	Year Year
1	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR Age birthday) Months Days Months Days	FUNDER 24 HRS
	WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY:	OF WHAT
	13. FATHER'S NAME 2 14. MOTHER'S MAIDEN NAME	VSIT
	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) (15-01-255) Records, Mt. Wilson State Hospi	tal
	PART I. DEATH WAS CAUSED BY: Bronchogenie Carcinoma DNSE	VAL BETWEEN T AND DEATH
	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	
		WAS AUTOPSY PERFORMED? ND
- 1		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.	(State)
		at (I) (we) las
	22a. SIGNATURE M.D. ATTENDING MED. M. STAFF DIRECTOR PHYS. 22b. DATE SIGNATURE 22c. PHYSICIAN'S 122d. ADDRESS	196E
	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland	(Ctata)
	REMOVAL (Soecify) Ave. 25 1066 Mandageridge Now Doors	(State) JURE
1	George J. Gonce, 4001 Ritchie Hgwy., Baltimore DATE AUG 24 1966 Williams	Judge

2011

your of an entertain

nosii. Sampl

Warne Wilmon State Hospital

2 25 1637 77

Lecords, Mt. Wilson State Rospital.

bits fowermer, J. L., Superintendant, Gunt Milleon, Harriand, P. L.

Aurial Aug. Pf. 1966 Jackson Louis Burg. Durg. Lightnoon, Marial Species Company, Company Comp

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11049 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COLINTY a. STATE the for BATTIMORE MARYLAND MARYIAND 24 hours after CITY OR TOWN (If autside carporate limits. c. IENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) hours 26h DAYS FORT HOWARD BATTIMORE IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS campletely filled in 1305 ORLEANS STREET YFS NO F VETERANS ADMINISTRATION HOSPITAL. withh within NAME OF First Middle DATE Month Last Year ease remave carban Doy DECEASED OF (Type or print) RUFUS LANGSTON DEATH certificate be executed S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours and in any WIDOWED DIVORCED MATE NEGRO FEBRUARY KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Caunty & State, or fareign country) COUNTRY? during mast of warking life, even if retired) INDUSTRY U.S.A PINERIDGE, N. C. LABORER TIMBER YARD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal SARAH MOORE WILLIAM LANGSTON WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL law requires that the death (Yes, na, ar unknown) (If yes give war or dates af service 50 215 05 26 97 FORT HOWARD, MARYLAND CLINICAL RECORDS YES cremation, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN SUSTINE REATH burial-transit PART I. DEATH WAS CAUSED BY PNEUMONIA, RT. LOWER LOBE UNDET. ORGANISM IMMEDIATE CAUSE (o) DUE TO signed ! burial DAYS DEHYDRATION Canditians, if any, which gove rise to immediate cause (a), CHRONIC BRAIN SYNDROME ASSOC. WITH CEREBRALL stoting the underlying cause UNK attending ARTERIOSCLEROSIS last. 90 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CHR AICOHOLISM JAENNEC'S CIRRHOSIS, CEREBELIAR DEGENERATION, GOUT,

200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18.) Health OYESTAX NO this certificate the haspital or Por OR CONTRIBUTING CAUSE OF DEATH o detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factary, street, affice bldg., etc.) Haur o.m. Nat While at work at wark be retained by 21. I certify that (1) (this hospital) attended the deceased from November 15, 1965, to August 7, 1966, that (1) (we) last saw the deceased alive an August 7 19 66, and that death accurred at 430AM, fram causes and an the date stated above. O FUNERAL DIRECTOR: 22b. DATE SIGNED 22a SIGNATURE 8 8 66 DIRECTOR PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH. FORT HOWARD, MARYLAND NEILON NEILSON, M. D. director, shauld be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION NATIONAL BALTIMORE BALITIMORE, MARYLAND 8/11/66 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D_BY REGISTRAR VR A15 (4) 20 M 1/66 3035 W. North Ave Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

			et e
	(BU41XT.)	Non-mental	LT .
	TEXTE AL	261 DAYS	CHARL THEFE
500	1305 041204 31	JATTERN KIT	ANGEROWY BY STA
ALDUST 7 66	de de la composición della com	and the sea sea	THE SECTION OF THE SE
The state of the s	हरमध्य ५, अधि ई	ix 🔭	MATES REGRO
.4,8,0	Parentas, n. c.	MIAY STORY	IMBOURL
JATTUNE .	AV LETTON BARAS		MOLEDIAL HYTTEM
	M ALDONON JACTULES	215 05 26 37	7 MF _ 88Y
STATE STATE	one arrange saids think	THE BUT , I THE	
AND CONTRACTOR	Epider goath sound	NOTE OF STREET	
1 0 0 40	Rough Temperod	id f family	
885 D. N.C.			
GATOLAN ,	the normal state of	min, m. v.	of horring
on same	TOLIAL JAMOS AS	PROTECTION	
Service of the servic	eraul - ream	Leg Ave Negotian	ROSE HETEN BOSE

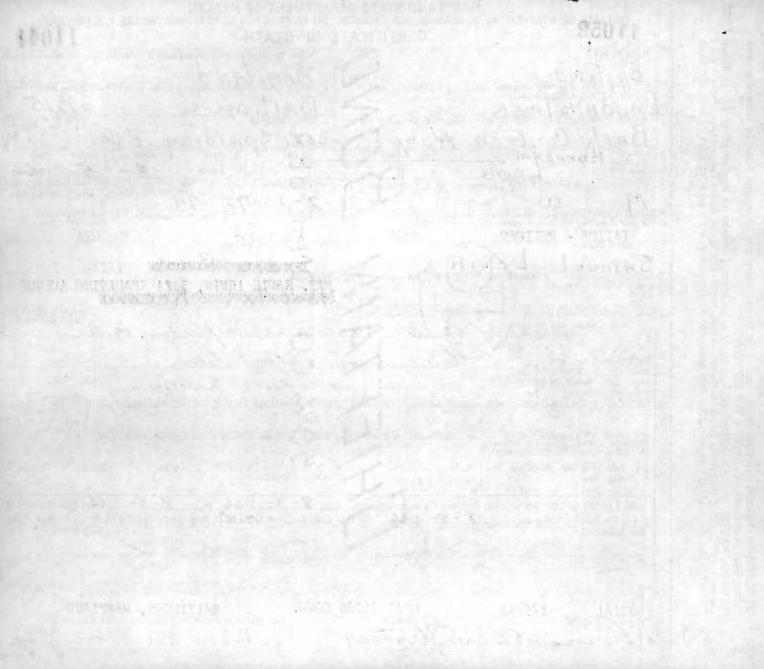
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTM PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 3 ta Page o. COUNTY a. STATE b. COUNTY of Baltimore Baltimore Maryland death. MARYLAND delay Department c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carporate limits, CLENGTH OF STAY IN 16 pup Towson Baltimore-rural 2/204 after Baltimore-ruck owson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE form haurs ON A FARM? 920 Fairmount Ave., Towson 920 Fairmount Ave., Towsons Give Pages ate NO S haurs after death. alang with 3. NAME OF First Middle Last 4. DATE Month within 72 Year DECEASED Bernice 22 Katherine 8 Lazar 66 (Type ar print) 19 DEATH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** DATE OF BIRTH IF UNDER 24 HRS 44 last birthday) Item 18. Months Days Haurs Sept. 16. 1921 female white WIDOWED X DIVORCED Office (event 10a USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Own Home COUNTRY? Bellontaine, Ohio flousewile any = Examiner's pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within = Margaret Burton Lou Kanaga and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no ar unknown) (If yes give war ar dates of service) pending remayal. Mrs. Margaret Krouskop. Bradenton, Fla. No None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Fatty alteration of liver ar IMMEDIATE CAUSE (a)_____ This certificate shauld e, writing the ward farwarded to the Ch crematian, DUE TO Canditions, if any, which gave rise to immediate cause (o). DUE TO D stating the underlying couse OS burial, a last nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? please execute the certificate. YES 3 NO 0 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) priar PRIMARY I or CONTRIBUTING I EXAMINER: CAUSE OF DEATH. 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) Hour o.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection | Inquiry ond in my opinion deoth resulted from: Notural couses x Accident Suicide . Homicide | Undetermined monner be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral (SIGNATURE O DEPUTY 8/23/66 OL DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) Werner U. Spitz, M.D 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 - REMOVAL (Specify)
remation Greenmount Cemetery 24. FUNERAL DIRECTOR Burns Sons, Towson, Maryland VR A15ME (5) 6M 1/66

Yes at a laborate and

MARYLAND STATE DEPARTMENT OF HEALTH

	HILPER MARRIER & PETER ATSET	
135 ()	THE THE PARTY OF T	MOTE
	COLUMN CO	
	ENGLEDING SYMPT	Gullevi (fiers
	not deligned in the source	
	and the second s	ALCONOMIC SERVICES
	make the pair of the make the best to	
	A A AMPRICAGO TO SACRETOR TO A	
	CANCEL MERCHANT CHILLIAN COLLEGE CONTROL OF COLLEGE CO	
Example 1		
Translation and	On added Available Av	The second of the second
, i i	CONTRACTOR OF THE STREET OF TH	

0	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0.	. 2일 내	17052 CERTIFICATE OF DEATH
	executed within 24 hours after death, and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death.	1. PLACE DF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
	after the ges 1 after	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) write RURAL and give nearest town)
	in by S. Pag	KANDAIIS IOWN DAITIMORE 30.42/2/3
7	ited within 24 hours a completely filled in by ve carbon papers. Pagi event, within 72 hours is	BAITO, CO, Gen, HOSPITAL OR INSTITUTION (if not in hospital, give street address) BAITO, CO, Gen, HOSP. 3021 Spalding Aue. 9. IS RESIDENCE ON A FARM? YES D NO
3	vithin letely rbon , with	3. NAME DE HONAHAM First Middle Last 4. DATE Month Day Year
	comple comple se car event,	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In year) FUNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS.
	execute and co remove in any ev	MIDOWED DIVORCED 2-20-92 74 yrs. Months Days Hours Min.
	steam safe r	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR line (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	10 mm	TAILOR - RETIRED SHOP KUSSIA USA
	h certifica tending ph iit. Then	SAMUEL LEVIN SMANHAMMANNAMMANNAM MIRIAM?
	th ce ttend nit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SADIE LEVIN, 302 Address AULDING AVENUE
	e death c the atten it permit. nation, or r	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	t the an. I by t ansit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coule reversables Influe from recent
	ires that the death physician. Signed by the atterburial-transit permit. burial, cremation, or	Conditions, If any, which) DUE TO Conflict referred the stand of the conditions of
	The law requires that the death certificate or attending physician, sate has been signed by the attending physics use as the burial-transit permit. Then plaith prior to burial, cremation, or removal, alth	gave rise to immediate cause (a), stating the DUE TO
	ttending ttending has been as the l prior to	underlying cause last. (c) within majoraneae neighbors
		FERFORMED? YES NO
	PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	JING PHYSIC of by the hos After this co d be detache State Dept.	State 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4
	L OR ATTENDIN 3y be retained 1. DIRECTOR: Af age 3 should h filed with the S	21. I certify that (i) (this hospital) attended the deceased from 8-3-, 1966 to 8-5-, 1966, that (i) (we) last
	reta reta 3 sh with	22a. SIGNATURE 22b. DATE SIGNED
	ay be ay be bage 3 filed v	22c. PHYSICIAN'S ATTENDING MED. DIRECTOR STAFF 1 22d. ADDRESS
	O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page should be filed	NAME (Type)
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fill	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8/5/66 BNAI JACOB CONG. 23d. LOCATION (City, town or county) (State) BURIAL (SPECIFY) 8/5/66 BNAI JACOB CONG. BALTIMORE, MARY LAND
	R	24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AIS (4)	Sottomsond Brood Matson DATE AUG 8 1856 Johnsley Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 11053 CERTIFICATE OF DEATH and 2 funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Baltimore c. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest tawn) the b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Rural - Randallstown papers. Pag hin 72 hours c TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. Muscleschembildsdaner.Baltimore 21207 A STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If ngt in hospital, give street address) ON A FARM? Filled uic Bex 332B Liberty Read 6412 Windsor Mill Rd. YES T NO -NAME OF 4 DATE Day Year DECEASED (Type or print) Frederick H. Limpert Sr. DEATH ove car August 16 19 66 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours 5/14/1887 WIDOWED DIVORCED any Male White 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? physician c during mast of warking life, even if retired)

B & O. R. R. INDIISTRY Baltimere U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Henry Limpert Augusta D. Raeker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor or dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO No 705-07-9310 Mrs. Elsie M. Limpert-6412 Windsor Mill Rd crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T NO Far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at work at wark **DIRECTOR:** After 21. I certify that (I) (this haspital) attended the deceased from 45 , 1966, to aus , 1966 that (I) (we) las 19 6 and that death occurred at 10 npm, from causes and an the date stated above saw the deceosed alive on_ 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) John J. Darrell, M.D. Randallstewn, Md. 21133 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
Burial 8/19/66 Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Loring Byers-8728 Liberty Read, Randallstown AUG 1966 20 M 1/66

11042		\$3011
er cel / Le		weekless .
	onstroj (m. por alijerna	gescu tabita - facia
	CALLS TORONTO SALAS	nen eralli ser we
At Same		in the second of
	65 657775	or acidy eigh
	enemin for	
A police.	ween distinct	John Charge Lineagh
	to A Maria No.	Marine
cere.		
		.c.e. Claused .c. nace was a
		.c.v.Cimensi .c.micu He Marka

THE STATE OF THE PARTY OF THE P e . 41. 41. 44. 44. 44. Company Statement we we can be a second with a first eship bing received fabrus been wrot first on anoug to have to the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11055 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTIMORE WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) HAGERSTOWN 7 DAYS TIMONUIM d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) 1015 OAK HILL AVE. 2012 DUMONT ROAD YES NO X 3. NAME OF Middle 4. DATE First Month Day Year DECEASED KATHERINE STOREY LITTLETON AUGUST (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last_birthdoy) Days FEMALE WHITE JUNE 13. 1868 WIDOWED K DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? OWN HOME during most of working life, even if retired) U.S.A. WASHINGTON CO. . MARYLAND 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOHN W. STOREY SALLIE M. STOVER HAGERSTOWN MARY LAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dotes of service) MISS. MARY STOREY 1015 OAK HILL AVE. NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN transit ONSET AND DEATH IMMEDIATE CAUSE (a) by DUF TO burial-t Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES [NO for 20a. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Nat While of work L at work shauld be 21. I certify that (1) (this hospital) ottended the deceased from July 29, 1966, ta Quant 4, 1966, that (1) (we) last saw the deceased glive on Quant 4, 1966, and that death occurred at 1150 AM, fram couses and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS director, page 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS B. LITTLETON M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION BURYAL (Specify) HAGERSTOWN. WASHINGTON. MD. AUG. 8.1966 ROSE HILL CEMETER 25b. REGISTRAR'S SIGNATURE () 24. FUNERAL DIRECTOR AD DRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) CHARLES M. ROUZER

HAGERSTOWN, MARYLAND

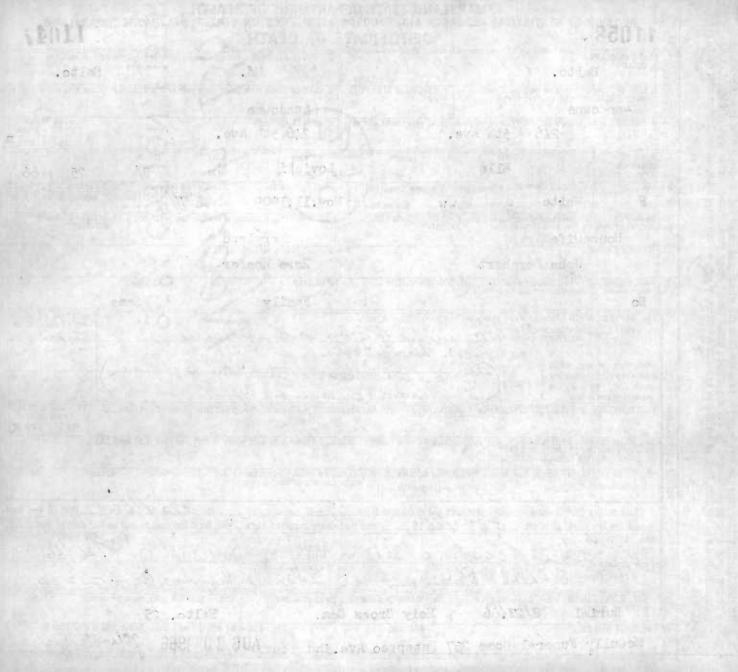
MARYLAND STATE DEPARTMENT OF HEALTH

THE RESIDENCE OF THE PROPERTY	ALOIL - Barrell			i, ÇEÇILLE
AND SECURE				
CASINE AND THE SECOND STATE OF THE SECOND STAT				
ATE OF THE STATE O				Muller.
		and the life		
THE STATE OF THE PROPERTY OF T				
	Average 15 Telephone 15 Telepho			
			Casteria L	
		Salah dan Sesai da Palis		
			Delta de la	
				THE RESERVE
	Land of the state			
				All street,

Charles and			
7.			
	shall see		546 Z4 Fe3
	Canada and to teaching 5 god in		dremat .ra
	was a market	and the	3
			align to the l
	estil strent		
	statisfication in 2 to 15 mg/s 12 mg/s		
		Cat.OX. Ang ta - C Cat.OX. Arrigon (A)	
ADMINISTRATION	Security of the Control of the Control		
			The state of the s
	. D		
	The Second Secon	, TE (E , 10)	
	Control of the Control of the Control	red. Anson	or ultipersulting.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 11057 CERTIFICATE OF DEATH and 2 death. 24 haurs after deoth the funerol 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland b. COUNTY in by the poges in a settler of Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? by the attending physicion and completely filled ransit permit. Then please remove certas pape St Joseph Hospital 7933 Elmhurst Avenue NO To PHYSICIAN: The low requires that the death certificate be executed within NAME OF Middle 4. DATE Month × × Lost Dov Year DECEASED OF Carmelita Catherine LOEFFLER August 19 66 (Type or print) DEATH SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthdoy) Months Hours female white 11-25-00 WIDOWED DIVORCED and in ony 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? **INDUSTRY** Housewife Baltimore, Maryland .S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, Joseph Hanrahan Marie Pollard 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, go, or unknown) (If yes give wor or dotes of service) 215-12-4608 Fredrick J. Loeffler 7933 Elmhurst Avenue cremotian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY Acute coronary insufficiency IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES T NO Acute pulmonary edema 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram August 14, 1966, to August 149 66 that (1) (we) last saw the deceased dive an August 14 19 66, and that death accurred at 7:30 PM, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. August 15, 1966 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd. Baltimore . Md. NAME (Type) Reynald Orjuela-Gomez, M.D. 21204 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 8-18-1966 Bel Air Bel Air Memorial Cemeter 250 REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

42.003.5			
31011			1,1057
	10 10 10 10 10 10 10 10 10 10 10 10 10 1		a except and a
	Department of the second	2 72 1	ilt spoera doi
	the second of the second	of the section	
	and the latest and th	P _k "exactors"	
		A recognise is	
		A materialists	
	ysani v 22 venii (v 1901) a shra		
	ysani viiživenti (viigosva stra		
	ysani v 22 venii (v 1901) a shra		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAI AND 21201 CERTIFICATE OF DEATH deoth the ottending physician and completely filled in by the funeral sit permit. Then please comove corbon popers. Pages 1 and 2 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY o. STATE CALIFORNIA BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 1 DAY SAN FRANCISCO e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) VETERANS ADMINISTRATION HOSPITAL #1 Mallorca Way YES NO X SANFRANCISCO 3. NAME OF First Middle 4 DATE Lost Day Year DECEASED LUDWIG JOHN AUGUST 26, 1966 G. DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) APRIL 20, 1899 MALE WHITE WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work dane uring most of working life, even if retired) U.S. ARMY RETTRED andi FREELAND, PENNSYLVANIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol, AVE THERESA LAURA KRAMMES JOHN G. LUDWIG 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, ar unknawn) (If yes give war or dates of service) 6 215 30 21 20 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) MARGINATIPEP buriol-tronsit PART I. DEATH WAS CAUSED BY: CARCINOMA OF LUNG IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if ony, which gave rise ta immediate cause (a), DUF TO stoting the underlying couse offending O FUNERAL DIRECTOR: After this certificate has been os the HOME 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ARTERIOSCIEROTIC HEART DISEASE AND HEPATOMA NO the hospitol or Por FUNERAL 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City ar tawn) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Haur o.m. Nat While at work Poge 4 may be retained by CODEAU 0/25/00 8/26/66, 19___, that \$4 (we) lost 21. I certify that *(Ix(this hospital) attended the deceosed from ond that death occurred at 2:40AM, from couses and on the date stated above 8/26/66 sow the deceosed olive on 22b. DATE SIGNED 22g. SIGNATURE STAFF PHYS. X 8/26/66 M.D. DIRECTOR ed 22d. ADDRESS 22c. PHYSICHAN'S VAH FORT HOWARD, MARYLAND JOHN D. TALBERT, M. D. NAME (Type) director, PPED 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 23a. BURIAL CREMATION. REMOVAL (Specify) Golden Gate National Cemetery, San Bruno, California Zannino Funeral Bone 19 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Joseph N. VCharles Judge Lannerio. 20 M 1/66 257 S. Conkling St. Baltimore Md

NAME OF THE OWNER				
	MASU TO THOSE		Reuth	
	COMPLETAD 1			
	EXEL MY TO	X.4		
	or seed at	CALL SECTION		
Established State of		Line of High		
	The season of			
.a.s.u fusawy	11 , LATER LEGION	0.0		
			TORON Inch	
	un Ar "Block handle		ALC: NAME OF STREET	
				1
	TARREST AND A SECURIO			
	10 (10 m) 10 (10 m)	50000	TOOL HIT HITSELF HIS	是古典情
no Jajana C. Lich				
	OL STORY INC.			
San Senso, Calaix main				
	Salas likrajust samus.	- Zone's		
THE RESERVE OF THE PARTY OF THE	THE PARTY OF THE PARTY OF THE PARTY.	PARTY LANCE III	A seller - I am the	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11060 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Fort Howard 146 Days Baltimore filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 8335 Philadelphia Road NO X Middle 3. NAME OF First Lost 4. DATE Year the attending physician and campletely sit permit. Then please remove carbar DECEASED FRANK EDWARD MAAS AUGUST POTH 19 66 (Type or print) DEATH S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED lost birthdoy) Months Male White 8/25/94 and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? U.S. Government Baltimore, Maryland
14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME burial, crematian, ar removal, Henry L. Maas Margaret Timberman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service) 215-07-42-32 Clin. Rec. VA Hospital. Fort Howard, Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH PNEUMONIA IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave URINARY TRACT INFECTION MONTHS rise to immediate couse (a). DUF TO attending stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior ta YEARS RENTON PROSTATIC HYPERTROPHY 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CARDIO-VASCULAR DISEASE WITH CHRONIC SYNDROME BRAIN NO K Page 4 may be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg., etc.) Not While ot wark 21. I certify that (1) (this haspital) attended the deceased fram March 27, 19 66, to August 20, 19 66, that (1) (we) last saw the deceased alive an August 20 1966, and that death accurred at 7:15 MM fram causes and an the date stated abave. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 8/20/66 22d. ADDRESS 22c. PHYSICIAN'S CARMELITA A. CENDANA, M.D. NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION. (Stote) REMOVAL (Specify)
Burial 8-24-1966 Gardens of Faith Baltimore, Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 7401 Belair Road VR A15 (4) 20 M 1/66 G 1966 Ochanles Lassahan Funeral Home Raltimore, Maryland

u hara				
Marie E			LAMET	
Beltinore	bowlead		and the	
	erostilei-	egal 3/	Fred Resert	
base.	AND BUILDING STEEL	Callingon multa	weishba surestor	
e i og west	DE SAME	mande -		
	N JY 1 27/65/4/2			
	besi cudi ,erocl#Imi	Manuatavot ." . W	105-06	
ethic	sadel 1 Jessepali		Sant J. Pars	
Tesal Anondi Fio	iellucok a) .cef.mil	6 S-20-VD-20VD	1 m 1 597	
BETTO IS		TOTAL VILLETING		
PLATE	Andomicachi	STRAMBURY DESCRIPTION		
a Mantha				
M 20 105 106	Surely II seems	No. 105 feet	and AV or time a fi	
\$ C20/06	to said the said			
deligible discontinu	No Contract W			
. Harris de la companya de la compan	pelylad / daby.	le muret		
	the second second	reacht four W. Depoint for	Tournant Hungara, Hone	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	11061		CERTIFICAT	E OF DEATH		11050
T	PLACE OF OEATH o. COUNTY B.	altimore	MARYLAND	2. USUAL RESIDENCE (o. STATE Max	Where deceosed lived, if institution: Reside ryland b. COUNTY	ence before odmission)
	 LITY OR TOWN (If outside write RURAL and give necessary) 	carparate limits, arest tawn)	c. LENGTH OF STAY IN 16		utside corporote limits, write RURAL ond gi 1 timore – 2121	ve neorest town)
,	d. NAME OF HOSPITAL OR IN	STITUTION (If not in hospitol, g	give street oddress)	d. STREET ADDRESS	25 N. Patterson Par	e. IS RESIDENCE ON A FARM?
13	St.	Joseph Hospit	al	12	Ave	YES NO
3.	NAME OF DECEASED (Type or print)	First James	Middle I.	MADDOX	4. DATE Month OF Aug.	Doy Year 10, 19 66
	Male	White WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1-21-82	lost birthdoy) Months	N 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
dui	o. USUAL OCCUPATION (Give kir ing most of working life, even arpenter	if retired) IN	ND OF BUSINESS OR IDUSTRY solidated (o.	Balto.,	County, Md.	OUNTRY?
		Maddox			name ancies Hughes	
1S (Y	. WAS DECEASED EVER IN U.S. A es, no, or unknown) (If yes giv	ARMED FORCES? we wor or dotes of service) 2/(social security no. 17. 6-09-1486	INFORMANT Julia Maddo>	x - 1225 N. Patters	son Park Ave.
	PART I. DEATH WAS C	er only one couse per line for AUSED BY: MEDIATE CAUSE (o) Hepa	(o), (b), ond (c).)			INTERVAL BETWEEN ONSET ANO DEATH
10	1551	OUE TO	BENEFIT TO SERVICE			
	Conditions, if ony, which g	ove) (b) Obs	tructive jaund	lice		
	stoting the underlying co	use OUE 10				
	lost.		rcinoma of con			The Mile History
ATION	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF OEATH	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Mon Hour o.m. p.m.	th, Ooy, Yeor 2Dd. II While 19 ot worl		ACE OF INJURY (Home, forn actory, street, office bldg., etc.		ounty) (State)
	21. I certify that saw the deceased	(I) (this haspital) atten	ded the deceased from_ 19_60_, and th	July 15, ot death occurred of	19 66 to Aug. 10 , 19 11:45 m, from causes ond on	the dote stoted obove
	220. SIGNATURE	"and-n		A.O. PHYS.	MED. STAFF AU AU	date signed gust 11, 196
	22c. PHYSICIAN'S NAME (Type) L	awrence F. Mis	sanik, M.D.	22d. AODRESS 20	York Road- Balto.	, Md. 21204
23	D. BURIAL, CREMATION, SEMOVAL (Specify)	23h. OATE THEREOF 8 -15- 66	23c. NAME OF CEMETERY OF	r CREMATORY . <u>Cemeteru</u> 230. REC'	23d. LOCATION (City or Town)	(County) (Stote)
2	4. FUNERAL OIRECTOR		ADDRESS Belair Road-21	206 AUG	D BY REGISTRAR 26. REGISTRAR'S ACLIENCE	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, or remayal, and irramy event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

5

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 4 be retained by the hospital or attending physician.

S TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		1	ا
	in by the funeral	Pages 1 and 2 should	irs after death.
	as been signed by the attending physician and completely in by the funeral	burial-transit permit. Then please remove carbon papers. Pages I and 2 should	ial, cremation, or removal, and in any event, within 72 hours after death.
attending physician.	as been signed by the	burial-transit permit.	ial, cremation, or remo

MAKTL	AND STATE DEPARTMENT OF	REALIR
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
11062	CERTIFICATE OF DEATH	STREET, BALTIMORE 1, MARYLAND

1	PLACE OF DEATH				institution: Residence before admiss
	Baltimore	MARYLAND	a. STATE	vland	Baltimore V
1	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16			RURAL and give neerest town)
7	Baltimore	3 mos.	Baltime	ore	30-4-
	H. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS		e. IS RESIDEN
	11 None in a II		4102 Belvie	n Avanua	ON A FAR
	obb Nursing Home	Middle	Last	4. DATE Month	
1	DECEASED			OF	
	(Type or print) Ida	Ma	gill	DEATH August	18 1966
j.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	
	male White WIDOWE		0-1-1878	87 угз.	Months Days Hours Mi
	USUAL OCCUPATION (Give kind of work 10b. Kl	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUN
201	At Home		St. Marys	Co. Maryland	USA
3.	FATHER'S NAME		14. MOTHER'S MAIDEN		
r	has Washam Carres		Alice Po	CAT	
	hn Wesley Graves WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	COCIAL SECTIONAL NO. 1 17	INFORMANT	Sey	
	s, no, or unknown) (If yes give we rordates of service)	*		Address	
	NO	ONE P.	J. Magill	Above	
7	18. CAUSE OF DEATH [Enter only one cause per li	ne for (e), (b), and (c).]	1 11 1	/n	ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	teni - Selis	who Heart	Misen	3 500
	The second secon	1		W	3 101
	DUE TO	B	Rank	4-	7/
	Conditions, if eny, which (b)	Browner .	Jummen	ru	1 day
	geve rise to immediate cause (e), stating the underlying ceuse last.	1 - 6	ll +-		10 m
	(4)	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTO
CEKIIFICALION	LAKT III. OTHER SIGNATIONAL CONTINUES	1. 10+	- 1//		PERFORMED
	* Jenero	light will	no - selly	m	YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE NOW INJURY OCCURE	D. (Enter nature of injury in	Part I or Part II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
3	20c. TIME OF INJURY Month, Oay, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far	m, 20f. (City or town)	(County) (State
MEDICAL	Hour a.m. While	1401 1111110	tory, streat, office bldg., at	:-)	
	p.m. 17	k at work	11	15	18 fet
	21. I certify that (1) (this hospital) attend			19.7. (to Ching	1.8., 19429 that (I) (wee)
	saw the deceased alive or line	19/2. and tha	death occured at //.		and on the dete stated ab
	220. SIGNATURS	1			C / 18 / 22b. DA
	Sul 1 Kla	lun 1	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	0//9/61
ı	con the gran		22d. ADDRESS	1111	0 11106
	1220 PHYSICIAN'S	1	0	PIATI	/ B / T - 2
	22c. PHYSICIAN'S NAME (Type) FA-///		16/12	1 1 5 11 121	
	NAME (Type) Ear/ L. Ch	om bers -	4108	Johning Aly	Voner pry
3a	NAME (Type) Edr/ L. Ch	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOGATION (City, to	wn or county) (State)
3a	NAME (Type) Ear/ L. Ch	om hers - 23c. NAME OF CEMETERY Loudon Park	Cemetery	Baltimore, N	Maryland
23a	NAME (Type) Edr/ L. Ch BURIAL, CREMATION, REMOYAL (Specify) BURIAL 8-22-66	Loudon Park	Cemetery	Baltimore, N C'D BY REGISTRAR 25b. RE	Maryland
23a	NAME (Type) EST L. Ch. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) 8-22-66 PUTERAL DIRECTOR'S SIGNATURE 460		Cemetery ots. Ave. 25a. RE	Baltimore, N	Maryland

li i de la companya d

ount outstand

. Just Just

jiri - -- u u oi - - - - jiri

CALLERY CONTRACTOR MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 052 CERTIFICATE OF DEATH 11063 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND arbaa papers. Pages 1 at, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Timonium owson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? the attending physicion and completely titled in sit permit. Then please remove (arbon papers. d. STREET ADDRESS 30 Northwood Drive St. Joseph Hospital YES NO X Middle 4. DATE NAME OF First Lost Month Doy Year DECEASED OF DEATH August 19 66 H. Manzke 20 Ernest (Type or print) IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Dovs Male White 7-5-92 WIDOWED 3 DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Rowan Compt.Co. Baltimore. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, Henry Manzke Unknown Terrace #1h 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ANNIED TO LOSS of Service) 215-07-1848 Mrs. Elizabeth P. Haughey, 2914 Montebello INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple duodenal ulcers with severe bleeding DHE TO Conditions, if ony, which gove (b) Arteriosclerotic cardiovascular disease with rise to immediate couse (a), omzz a small aneurysm of terminal aorta stoting the underlying couse hos been 3 should be detached far use as the with the State Dept. of Health prior to (d) Occlusion of right common iliac artery last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES X NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) ot work ot work 19 66 to Aug. 20, 19 66 that (1) (we) lost 21. I certify that (I) (this haspital) attended the deceased from_ Aug. saw the deceased alive on Aug. 20. 1966, and that death accurred of 20AM, fram couses and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. Aug. 20, 1966 Govinda Rao, M.D. M.D. director, page 3 shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 7620 York Road. Baltimore, Md. 21204 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify)

Parkwood Cemeterv

ADDRESS

Baltimore, Md. 25b. REGISTRAR'S SIGNATURE

1966

Marley &

2So. REC'D BY REGISTRAR

8/23/66.

Leonard J. Ruck Inc. Balto. Md. 21214

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after

be retained by the haspital or ottending physician.

A					
			APPROVIDE TO		Art.
				1. 4.2010.0141	
					Grenne.
	War Boardagor		1, 18414	nu de la di	
		a-detunis.			
		Sees		NAME OF THE PARTY OF	
.4.3.	, , ,		, 67, 00 to 10		li beda :
THE RESERVE	6	CONTRACTOR OF THE PARTY.	pm 000		
	the segrathers in	Linear Sec. Sci.	atteraliabera escuedo fias esta teración		
And the doler to	and mention of A	The Silling			
4901.(S.ga)				dat ont us	dece.
MALE STATE	estriar, out	506 USST			
			A AUDITION		
			123.2	STAL ANTEMARK	. G. Powner
ATTING THE STATE OF	All the Laboratory of the laboratory				

2		MARYLAND STATE DEPARTMENT OF HEALTH	IDVI AND
	3.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	11052
Sign State of Street	funeral and 2 r death.	A. PLACE OF DEATH Tellings County 12 USUAL RESIDENCE (Where deceased lived, If Institution; Res	idence before admission)
A second	er d	a. COUNTY 6 BM. C. MARYLAND a. STATE D. COUNTY	
	hours after d in by the rs. Pages 1 2 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL en write RURAL and give nearest town)	nd give nearest town)
	hour S. F. S. hou	DINSON OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	8. IS RESIDENCE
	filled aper 72 72 72 72 72 72 72 72 72 72 72 72 72	GREOTER BALTO Men Cen. 2814 Kildare Ur.	ON A FARM? YES NO
	thin tely you with	3. NAME OF OECEASEO MIDDLE First Middle Mast 4. OATE Month OF OECEASEO OF MIDDLE MIDDLE MONTH OF MIDDLE MONTH	Oay Year
	d wi mple cart ent,	(Type or print) WIIIIAM. WAYMOND IIIARSHAL DEATH IT UG	2 1966
	e be executed within 24 hours after sician and completely filled in by the lease remove carbon papers. Pages 1 and in any event, within 72 hours after	WIOOWED DIVORCED 1/12/19/14 5 yrs.	Days Hours Min.
	ian se rian d in	during most of working life even if retired) INDUSTRY COU	IZEN OF WHAT INTRY?
	ficate be physician in please wal, and ir	13. FATHER'S NAME 14. MOTHER'S NAME	
	nding phy Then pl removal,	Ilm. S	
	9 72	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	V - 2 - 1
	e attention,	- 43-09-0824WIFE JAME	
	uires that the death 3 physician. In signed by the atta- burial-transit permit burial, cremation, to	PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PETASTASES PROM	ONSET AND DEATH
	that iiciar ned al-tra al, cr	154 X OUE TO 2	,
	ires phys phys sign buris buris	Conditions, If any, which gave rise to immediate (b) HOENOCARCINOMA OF DECTUM	1 XR.
	requiring plans plans peen the plans por to be	cause (a), stating the DUE TO	
	law atter has e as e as		19. WAS AUTOPSY PERFORMEO?
	The contract of the contract o		YES NO L
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
	PHYS the I this detac e Dep	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Count factory, street, office bldg., etc.) 20f. (City or town) 20f. (City or town)	ty) (State)
	OR ATTENDING I be retained by the DIRECTOR: After gge 3 should be cled with the State		that (I) (wa) look
	TEND taine OR: hould	21. I certify that (I) (this hospital) attended the deceased from #06, 1965, to #106, 1966 saw the deceased alive on 1966, and that death occurred at 95 M, from the causes and on the	
	RECT RECT 3 S 1 with	22a. SIGNATURE 22b. OAT	TE SIGNEO
	AL 0 nay b nay b page page filed	Taymond M. Hotkins, M.D. ATTENDING MED. STAFF 9/4 22c. PHYSICIAN'S 22d. ADDRESS	4/66
	Page 4 may ro FUNERAL I director, pag should be fill	NAME (TYPE AYMOND M. HTKINS 18 W. FRANKLIN ST. PSA	LTO.21201
	Pag TO FI dire	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cound REMOVAL (Specify) AUG. C. L. MORE AND STATE	
	VR A15 (4)	24. FUNERAL GIRECTOR ADDRESS ADDRESS	les Judge
	15M 4-64	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before-admission) a. COUNTY b. COUNT) hours after filled in by the papers. Pages 1 in 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENCTH OF STAY IN 1b c. CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) pwrite RURAL and give nearest town chery d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS 24 ON A FARM? bon pape within 7 cun YES X NO completely i NAME OF First Middle Last DATE Month Day DECEASED and comple remove carb any event, OF AR (Type or print) THIAS DEATH 9 19 executed SEX 6. COLORADR RACE 7. MARRIEO 9. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO lest birthday) Months Days Hours WIDOWEO DIVORCED y the attending physician are sit permit. Then please rel mation, or removal, and in a 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? death certificate FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. ANFORMANT (Yes, no. or unkown) (If yes give war or dates of service) 700 CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] INTERVAL BETWEEN l-transit ONSET AND DEATH PART I. OEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. 10 day been signed the burial-transfer to burial, cre IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to Immediate s the DUE TO cause (a), stating the underlying cause last. as (C) er this certificate has detached for use a see Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After age 3 should be diffed with the State Hour a.m. While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by p.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at A. M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b. DATE SICNEO page aug M.D. PHYS. DIRECTOR PHYS. FUNERAL Director, page nould be file PHYSICIAN'S 22c. ADORESS 22d. NAME (Type) director should 23d. LOCATION (City/town or county BURIAL, CREMATION, 23b. NAME OF CEMETERY OB CREMATORY DATE THEREOF 23c. REMOVAL (Specify 2 FUNERAL DIRECTOR REGISTRAR/S SIGNATUR VR A15 (4) 20M 1/65

1.084 Sell at which there is a first the AND THE RESIDENCE OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11066 CERTIFICATE OF DEATH and 2 and campletely filled in by the funeral remains carban papers. Pages 1 and I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Prince George's a. COUNTY Maryland Baltimore requires that the death certificate be executed within 24 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) papers. Pagi write RURAL and give negrest tawn) Landover, Maryland 3vrlmth9dvs d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 9001 Ardmore Road SPRING GROVE STATE HOSPITAL YES NO Middle alias 3. NAME OF First 4 DATE Month ÷ × Year DECEASED OF DEATH MASTERS Anastase Masates (Type ar print) any eyen S SEX B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 9. AGE (In years NEVER MARRIED Off birthday) Months Dovs Hours Dec. 24, 1875 white WIDOWED * DIVORCED femald 100. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired)
housewife INDUSTRY COUNTRY? andi Lithuania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, Anne Vincent Kurpes 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown)
(If yes give wor ar dates of service)

16. SOCIAL SECURITY NO
2/9-54-322
unknown 17. INFORMANT Address permit. Records: SPRING HOSPITAL GROVE STATE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO burial. Conditions, if ony, which gove rise to immediate cause (a). DUE TO has been see as the bethe the priar tab stating the underlying cause Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? d for use CERTIFICATION NO -20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) Hour o.m factory, street, office bldg., etc.) Not While ATTENDING 21. I certify that (IX (this haspital) attended the deceased fram May 27 19 03 ta , 1966, that (1) (we) last shauld saw the deceased alive an August 13 1966, and that death accurred at AM, from causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Caunty) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Welsoner

Radil			12000	
Printer o cours	trial graff		TOTAL STATE	
	Landover, Hery Land		ellis acció	
	head eventual 2000	Bala	STATE SVOICE INCOME.	
	The part of the contract	wante		
	Hys. M. 1815 90 12		and a lens	
0.0	Aimsont L.			
			Vincum Zumes	
	NITORE TAILOR YEDGOM			
		ent hale de la aranne le	A representation	
erges sure s and sizes	did delete son p	and the said of		
		, a		

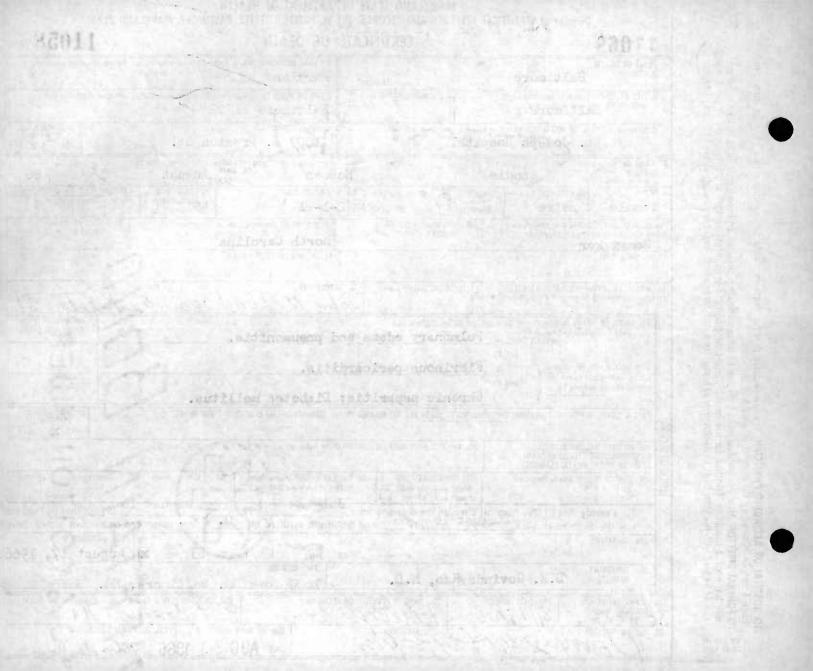
- 000

MARYLAND STATE DEPARTMENT OF HEALTH

AND SET OF TOUR STATES AND SET OF SET	FOR HOLD
AND AND STREET AND	Y.TERAKS YALS
ROBERT 10 DATE 1 ATRIBLE 5 AND 12 ATRIBLE 5 AND 12 ATRIBLE 12 ATRIBLE 13 AND 12 ATRIBLE 13 AND 12 ATRIBLE 13 AND 14 ATRIBLE 14 ATRIB	RIM
OATE STANDARY 1, 1571 72 OATE STANDARY 1, 1571 72 OATE STANDARY STANDARY VARIABLES	
CAIM HAND IN THE STATE OF THE S	
CATE VA HIMPITAL	
BERNOLD AND A CONTROL OF THE STATE OF THE ST	
AND I CLOSE OF CHARLES PROVING PROPERTY MARKETINE	in the second
William And	
FINE PLANE STATE STATE OF THE S	
AND STATE OF THE S	
PURCHAGED TRACKETE, N. B VA HORITIAL, EVIL ECHAED, MUNICARD	
A STATE OF THE STA	Lui 148

VR A15 (4) 2DM 1/65 12021 THE PARTY OF THE P MARKET STREET, STREET A ROYAL PARTY OF THE PARTY OF T 一个明 一年 中国人生 多人 THE REPORT OF THE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and and death. death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after Baltimore Maryland MARYLAND and completely filled in by the remove carbon papers. Pages n any event, within 72 hours aft CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Armacost Nursing Home 1326 Northview Road 18 YES NO . within 3. NAME DE Middle Last First DATE Month Day Year DECEASED Harry Childs McMechen (Type or print) DEATH August 19 66 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours Male White WIDOWED T DIVORCED Dec. and in physician on please r 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? Retired - Insurance U. S. F. & G Maryland death certificate al 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending parmit. Then Henry C. McMechen Alice V. Childs d by the attend transit permit. cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFDRMANT Address (Yes, no, or unkown) (If yes give war or dates of service) None 215-07-8078 Miss Daisy McMechen 1326 Northview Rd. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by tourial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ Juben S. Ye buria. buria. DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO (a), stating the prior underlying cause last. 38 FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY use PERFORMED? ND X YES 0 PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After 19 at work at work p.m. P the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lled with the 39 66, and that death occurred at 8PM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED 9 e page ATTENDING DIRECTOR TO HOSPITAL FUNERAL PHYSICIAN'S ADDRESS director, p NAME (Type) 23b. DATE THEREDE 23d. LOCATION (City, town or county) BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) REMDVAL (Specify) 20 Burial .966 Cemeter REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR DATEAUG VR A.I.5

mostor . GL bank a switch of L recess wanted and addressed orld! ele! 26 18 - 108K 72 1980 J Daniel Da and in the first of the Harry II. Rollonden Sa selvation ofth depresent value rates and the following last market as The second property of the second party of the BETTE BURNESS CONTRACTOR OF THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1107 death. certificate be executed within 24 hours after death physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Baltimore o. STATE b. COUNTY Maryland Baltimore MARYLAND event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catonsville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 25 days papers. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 10 SPRING GROVE STATE HOSPITAL 6309 Craigmont Road NO T YES Middle 4. DATE NAME OF Lost Month First Doy Year DECEASED Ida Belle McQuay 66 August 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours white June 13. 1874 and in any female WIDOWED X DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

housewife INDUSTRY Virginia Domestic 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phy ar remaval unknown Lucy Britton 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address law requires that the death (Yes, no, or unknown) (If yes give wor or dates of service 218-07-9672 unknown Records: SPRING HOSPITAL GROVE STATE NONE crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO burial Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health Diabetes Mellitus NO this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH JD. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INIURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m Not While 19 at work ot work TO FUNERAL DIRECTOR: After 19 66 that ((we) last 21. I certify that (this haspital) attended the deceased fram. July Augali O HOSPITAL OR ATTEND Page 4 may be retained shauld 19 66, and that death accurred at _M, fram causes and an the date stated above saw the deceased alive an A 11 Ch . 220. SIGNATURE MED. DIRECTOR ATTENDING director, page should be filed GROVE 22d. ADDRESS SPRING 22c. PHYSICIAN'S Young, NAME (Type) Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Baltimore Md. Loudon Bark 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 2101 Frederick Ave. Balto.

18011			ACTH 1937	11071
		Date (1962)		Tare stone made
		190,01	Tall -	
		of Figure		Tenny
			017200	foundite
	4	5,3		notrical - cos rico
				avan Forth
			1 1745 SHOOVS	
		#R 44 17, 46 H 5 A 20		
	THE AMERICA			liist seindalü
Mary Miles				real of a cities of
	THE SERVICE			ASSESSMENT !
(89525 b) # (4)	Anterous		,0,E , 3,D)	Page Mil - co
				A State of the Sta

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYI AND
4. <u>40</u> 4.		11072 CERTIFICATE OF DEATH	11061
death. funeral and 2 r death.	1.	PLACE OF DEATH a. CDUMYY b. COUNTY b. COUNTY b. COUNTY	Residence before admission)
rs after by the fi Pages 1 urs after	1-	BAITIMARY MARYLAND MARYLAND MARYLAND MARYLAND	slanco
Irs a Page		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	L and give nearest town)
ed irreers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
y fill y fill y fill y	1	Treater Baltimere Medical Center Rt # 1	YES NO
uted within 24 hours after death completely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours after death	3.	DECEASED OF OF	Day Year
comp comp even	5.	SEX 6. COLOR OF RACE 7 MARRIED TO SEVER MARRIED TO 8. DATE OF BIRTH 19. AGE (In years IF UNDER	1966 R 1 YEAR IF UNDER 24 HRS.
oci and	1	Male Caucasan WIDOWEO OIVORCED 1-5-04 (02 yrs. Months	Oays Hours Min.
	du	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY.	ITIZEN OF WHAT OUNTRY?
death certificate be ex he attending physician an permit. Then please rei tion, or removal, and in a	13	FATHER'S NAME TREET LIMESTERE U. KRULES DURG W. Va.	LSA
rtific ing p Then mov) .	DAVID A MONICKER JOHN MANIEA	Zetty
th ce the contract or se	(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unkown) (If yes give war or dates of service)	
deal he al perr	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	I INTERVAL BETWEEN
that the sician. Inned by the al-transit al, cremai		PART I. DEATH WAS CAUSE OBY: Cardio respiratory failure.	ONSET AND OEATH
that /sicia gned ial-tr.		163X OUE TO	
uires g phy en si bur		gave rise to Immediate (b) Meta static Carcinoma	
required and in the state of th		cause (a), stating the underlying cause last. (c) Carcinome of lung.	
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-traned with the State Dept. of Health prior to burial, cre	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
tal on ifficat for u	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18	YES NO
ICIAN lospif cert cert hed	CERT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	.,
PHYS the h this detac	MEDICAL	fredom, abund officiality ata	unty) (State)
ING I by After be be Stat	MED	p.m. 19 at work at work	
ainec OR: / Dould		21. I certify that (I) (this hospital) attended the deceased from Aug. 11, 1966, to Aug. 28, 19 saw the deceased alive on Aug. 28, 1966, and that death occurred at 323 AM, from the causes and on the deceased alive on Aug. 28, 1966, and that death occurred at 323 AM, from the causes and on the deceased alive on Aug. 28, 1966, and that death occurred at 323 AM, from the causes and on the deceased alive on Aug. 28, 1966, and that death occurred at 323 AM, from the causes and on the deceased alive on Aug. 28, 1966, and that death occurred at 323 AM, from the causes and on the deceased alive on Aug. 28, 1966, and that death occurred at 323 AM, from the causes and on the deceased alive on Aug. 28, 1966, and that death occurred at 323 AM, from the causes and on the deceased alive on Aug. 28, 1966, and that death occurred at 323 AM, from the causes and on the deceased alive on Aug. 28, 1966, and that death occurred at 323 AM, from the causes and on the deceased alive on Aug. 28, 1966, and that death occurred at 324 AM, from the causes and on the deceased alive on Aug. 28, 1966, and 1966	the date stated above
R ATT e ret RECTI 3 sh with		22a. SIGNATURE 22b. I	DATE SIGNED
AL Ollay be L Dilled filled		ATTENOINC MEO. OIRECTOR STAFF PHYS. ALL ADDRESS	9. 28, 1966
SPIT. 4 m		NAME (Type)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit pern should be filed with the State Dept. of Health prior to burial, cremation,	23	REMOVAL (Specify)	unty) (State)/
F F	2	REMOVAL (Specify) Aug. 31/66 Preston Memorial Heston Co. 4. FUNERAL OJRECTOR ADORESS 255. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	'S SIGNATURE
VR A15 (4)		Foring Priers 8728 Fiberty Koad DATE AUG 30 1966 gClia	
20M 1/65	=	Randallstown, Wid-	

(ani) Candrago copie chang failure. التعلم علمات الاحدد سيب Consumer of lung. Ang are company of the standard company Robert us Smith X Hung st 1900

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11073 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) apers. Pagin 72 hours of write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X corben ent, wit Middle 3. NAME OF 4. DATE Month Year campfletely DECEASED (Type or print) OF DEATH event, 1966 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED birthdoy) Months remay and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician (INDUSTRY COUNTRY? 13. FATHER'S NAME ar removal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CARDIAC signed by IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. MYOCARDIAL INFARCTION DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO F 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port |I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) ot work 8-19-, 1966, that (1) (we) los 21. I certify that (I) (this hospital) attended the deceased fram. 8-18-, 1966, ta 8-19-1966, and that death accurred at 230A M, from couses and on the date stated obove saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 8/22/66 Loudon Park Cemetery 3801 Frederick Ave. 21229 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Lering Byers-8728 Liberty Rd. Randallstown, Md. DATE AUG 1956

CSSLIL THE SECOND OF THE SECOND STATE OF THE S THE LAND TO THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF

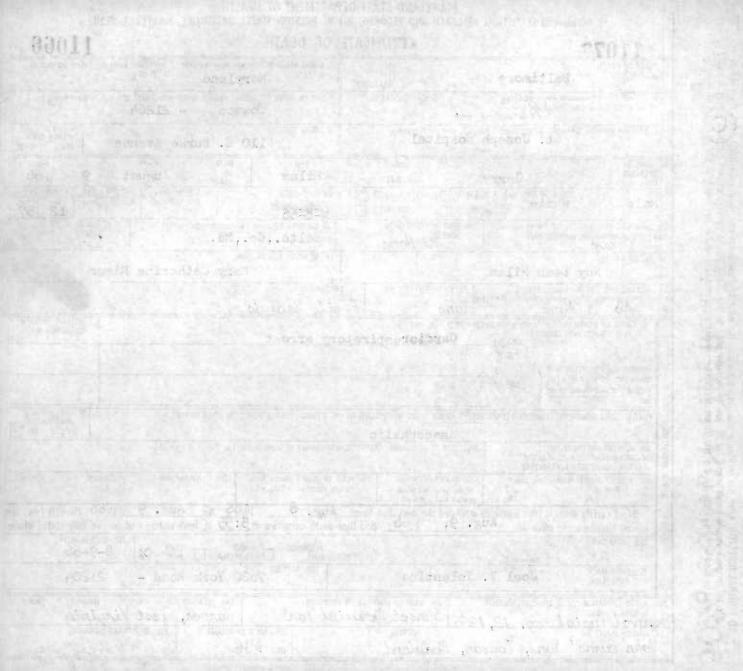
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
4. 22.4	11074 CERTIFICATE OF DEATH	11063
death. funeral and 2 death.	1. PLACE DF DEATH a. COUNTY 1. D 1	tion: Residence before admission
after after after after after after	MENTE BOUTO, MARYLAND a. STATE LLE OREST CREED D. COUNTY	Bal
by Page	b. CITY OR TOWN (if outside corporate limits, write F all the rearest town) b. CITY OR TOWN (if outside corporate limits, write F all the rearest town) c. CITY OR TOWN (if outside corporate limits, write F all the rearest town) 7 - 6 - 66 26 26 5 (lequest St	RAL and give nearest town
24 hours filled in b appers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC
	Greaty Balto, aledical Centon Balance Md.	ON A FARM? YES NO
a signal it	3.0 NAME DF First Middle Last 4. DATE Month DF DF DF	Day Year
omple e car	(Type or print) Cura. 25table (Valled) DEATH 8	8 19 6 G
and cor	John CO 1 (17) TO WINDWED TO 10 - 20 C/ last Dirinday) Moi	nths Days Hours Min
e exection and se remote from any of the company of	4 yis.	12. CITIZEN OF WHAT
cate be physician please nal, and in	None St. Ways Co. Mo.	U.S.G
certifica ding ph Then removal	Manager Manager	•
ath cert attendin rmit. Th	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	in
The law requires that the death certificate be or attending physician. The has been signed by the attending physician use as the burial-transit permit. Then please salth prior to burial, cremation, or removal, and i	(Yes, nd, or unkown) (If yes give war or dates of service) UVUQ. Mrs. Estelle J. Chaney (niece) 26 S. Mount Street, Baltimore	Maryland
the cy the sit pumati	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
s that the ysician. igned by rial-transii	IMMEDIATE CAUSE (a) COV COV - COMORAN, The Tour.	
iires tha physic n signe burial-t burial,	conditions, If any, which) DUE TO waterstatic CA - asciles	d min.
ding ding been the b	gave rise to Immediate cause (a), stating the DUE TO	
ttendi thas be as th prior	underlying cause last.) (c) VT 0 0 Cas 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	T 1(a) 19. WAS AUTOPSY
N: The Istal or at ifficate he for use Health	S S S S S S S S S S S S S S S S S S S	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
CIAN: The law requirespital or attending tertificate has been hed for use as the been to of Health prior to the tertificate has been hed for use as the beat for the form of t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION	
HYSICIA ne hospi this cert etached Dept. of	1V/A	
the Date of the Da	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at w	(County) (State)
DING ed by After Id be e Stat		19 66. that (I) (we) las
ATTEND retained ECTOR: 1 3 should with the	saw the deceased alive on Aug - 8, 19 66, and that death occurred at 550M, from the causes and	
OR A be re	22a. SIGNATURE ATTENOING MED. STAFF - 22	b. DATE SIGNED
TAL OR may be AL DIR page e filed	22c. PHYSICIAN'S M.D. PHYS. DIRECTOR PHYS.	Hug - 8, 1966
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	NAME (Type) Dr. Voorsded Staff. 6 Bmc.	
TO HOSPITAL OR ATTENDING I Page 4 may be retained by it TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	
	Burial August 13/66 Parsons Cemetery Salisbury, Mar 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGIS	
VR AIS (4)	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE AUG 1 2 1966 200	rarles Judge
20M 1/65		11 0

MARYLAND STATE DEPARTMENT OF HEALTH

banti-Center Trupe a dial Infraction Coronory aftery occlusions durane Nybolimic terterioschenter Carles Voce Die

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the deoth certificate be executed within 24 hours after death completely filled in by the funeral nove carbon popers. Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. COUNTY MARYTAND remove carbon popers. Pages I n ony event, within 72 hours after BATTIMORE MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, c. City OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 1 YEAR 233Days BALTIMORE FORT HOWARD d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) VETERANS ADMINISTRATION HOSPITAL 101 WAINUT STREET YES NO 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED MICKEY AUGUST 19 66 WILLIAM HENRY (Type or print) DEATH AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Hours WIDOWED DIVORCED MALE NEGRO TIME 1. 1926 physicion ond 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY SPARROWS POINT, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remov HORACE MICKEY ROSA DUNVILLE VALUERRAND WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknawn) (If yes give war or dates of service) 220 14 03 19 CLINICAL RECORDS FORT HOWARD, MARYLAND INTERVAL BETWEEN ONSDILANDED 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: RESPIRATORY ARREST IMMEDIATE CAUSE (a) þ DUE TO burial 3 MONTHS CARCINOMA OF THE TONGUE WITH METASTASIS Conditions, if ony, which gove rise ta immediate cause (a) DUF TO stoting the underlying couse Poge 4 moy be retained by the hospital or attending os the O FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed for use CERTIFICATION **PSORIASIS** NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. factory, street, office bldg., etc.) Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram ANUARY 6 1965 , ta AUGUST 27, 19 60 that (1) (we) last saw the deceased alive an AUGUST 27 19 66, and that death accurred at 955A M, fram causes and an the date stated above. 22b. DATE SIGNED 22g. SIGNATURE ATTENDING STAFF 8-27-66 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S ANGELITA A. TOPACIO, M.D. NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND director, should 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8-31 BALTIMORE NATIONAL BALTIMORE, MARYLAND 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR **ADDRESS** 24. FUNERAL DIRECTOR MORTON & DYETT 1701 LAWRENCE ST, BALTIMORE, MID DATE AUG

			The second second
HILLEGER			11028
	807:01		IC IDAE
	in Collette in the	1 724 033	GOWLE CAT
	2 Toll Name of	CAY-804 II	DITERTOR & ASSET
			CALMEN THE CALL OF
	- 445 4, 1909		The Company
THE PROPERTY OF			A DESCRIPTION OF THE PROPERTY
AND THE PROPERTY OF		86 (1 17 038	
	HTLL PROJECT SET		
			dieuron.
eri Lina			
THE PROPERTY OF THE PROPERTY O			
	alla elunci, sirre	The state of the	AT A STORY OF THE PARTY.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11078 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE b. COUNTY Baltimore and completely filled in by the fur femove corbon papers. Pages 1 in ony event, within 72 hours after MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21218 Reltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS St. Jeseph Hospital 3419 Harford Rd. 3. NAME OF Middle First Last 4. DATE Dov DECEASED (Type or print) DEATH R41114 Milewski Joseph August 22 19 65 S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In year 7. MARRIED NEVER MARRIED in only ev last_birthdoy) Months Days White WIDOWED DIVORCED July 7, 1897 Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, ar fareign cauntry) during most of working life, even if retired)

Retired Labor INDUSTRY the attending physician sit permit. Then please, pup Pittsburg, Penna
14. MOTHER'S MAIDEN NAME Beth. Steel Co. 13. FATHER'S NAME or removol Simon Milewski Josephine Tananis 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, arunknawn) (If yes give war ar dates af service 213-07-3039 Marie Milewski 3419 Harford Road cremotion, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p buriol, cremotic PART I. DEATH WAS CAUSED BY Adenocarcinoma of prostate with metastasis IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol or ottending TO FUNERAL DIRECTOR: Affer this certificate hos been in as the prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? of Heolth p Uremic syndrome 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, form, (County) Hour o.m. factory, street, office bldg., etc.) While Not While at work at wark 21. I certify that 41 (this hospital) attended the deceased fram July 19, 19 66, to August 2219 66 that (1) (we) last August 2219 66 and that death occurred of 6. OPM, from causes and on the date stated above. sow the deceased alive on_ 22b. DATE SIGNED 220 SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. August 23, 1966 M.D. PHYS. r, poge 3 7620 York Road, 21204 22c. PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. NAME (Type) director, p 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 8 /25/66 Holy Cross Cemetery German Hill Hd Balto. Md.

ADDRESS

The Dippel Brothers Inc. 1800 E. Lombard St. 31

24. FUNERAL DIRECTOR

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Yeor

19

Hours

ONSET AND DEATH

YESXLX

NO

(State)

(State)

REGISTRAD'S SIGNATURE

2So. REC'D BY REGISTRAR

YES

NO F

3011			87011
	boalguell	7.4	ko ind
aras aras	emalifel	omni	rīgi.
	. Sels Harrord Rd.	F-32770A	. 1 5 W) . 3
7 35 20W20	amyelty sone	o. L.Ti-	
10 Ke 1 1 69	July 7, 1897		ur. alax
		nic intell	
	sum director of the second		ACCUMANTAL OF THE PARTY OF THE
	en 1919 en Marin, de agosta	Taphinn	
		BATATS	
	MANUALE AND COMMING OF	Les audines de	
ES Transpire of March	State of many transfer		
	e, c. i. So the loan		
THE REPORT OF THE PARTY OF THE	Oxton Description of the Control of		

12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES T NO T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) (State) (County) that (I) (we) last A. M. from the causes and on the date stated above. 22b. DATE SIGNED PHYS. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23a. REMOVAL (Specify)
Burial Randallstown Md Inc 19/66 FUNERAL DIRECTOR Jack Lewis, Inc. 2100 Eutaw Place Balto.

e. IS RESIDENCE ON A FARM?

19

YES

Day

NO V

VR AIS 20M 1/65 AND AND THE STATE OF THE STATE de ellisontel ina citto mater chase butte et ben e

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours BALTIMORE BALTIMORE days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS JOPPA BALTIMORE MEDICAL CENTA ROAD NO X YES PHYSICIAN: The law requires that the death certificate be executed within rbon 3. NAME DE First Middle DATE Month Day Year DECEASED OF DEATH SAMUEL JUSWAY and comple remove can n any event, MILLER AUGUST 1966 (Type or print) 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours WIDOWED [DIVORCED physician an please reval, and in = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRY? PRISON removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB Munne WALTERS (Yes, no, or unkown) (If yes give war or dates of service) 15. WAS DECEASED EVER INU.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address ermit. 9 signed by the att purial-transit perm purial, cremation, c Jame 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. CARCINOMA LUN IMMEDIATE CAUSE (a) been Signal-tr the burial-tr DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last, (c) as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate had for use of Health of PERFORMED? CERTIFICATI NO K YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) stached f Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work o 21. I certify that (I) (this hospital) attended the deceased from AUGUST . 1966 to AUGUST 20, 1966, that (1) (we) last 19 66, and that death occurred at 12:30 M, from the causes and on the date stated above. saw the deceased alive on HUG UST 20 SIGNATURE 22b. DATE SIGNED page filed ATTENDING MED. DIRECTOR M.D. PHYS. Page 4 may O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p BALTIMORE MED CENTRE BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 66 Durial mone REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. Balto. Md. 21214 DATE AUG A15 (4) 1/65 20M

THE REPORT OF THE PARTY OF THE and the second s Mariagal F. Sark Mac. 20 To Carlette - Aug. 2 Link 2 Cont.

2	DIVISION OF STATISTICAL RESE				ARYLAND
New a	11081	CERTIFICATI	E OF DEATH		[70]
В	PLACE OF DEATH a. COUNTY altimore County	MARYLAND	2. USUAL RESIDENCE (Where a. STATE MARYL	deceased lived, If Institution: Re b. COUNTY OR C	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	8 known the	c. CITY OR TOWN (If outside of		
01	d. NAME OF HOSPITAL OR INSTITUTION (if not in hi		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
1=	NAME DF FIRST	Middle	Last 4. DAT	0	Day Year
5	SEX 6. COLOR OR RACE 7. MARRIED	ANDREW NEVER MARRIED 1	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
1	MALE NECRO WIDOWED DR. USUAL OCCUPATION (Give kind of work done 1Db. K uring most of working life, even if retired) III	IND OF BUSINESS OR	11. BIRTHPLACE (County & Sta	te, or foreign country) 12, CI	TIZEN DF WHAT
	SHERMAN FI 3. FATHER'S NAME	SH ING	MARYLE 14. MOTHER'S MAIDEN NAME	and a	SA
	JAMES MIL	-LS	BECKY	BITHE	
	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. Yes, no, or unknown (If yes give war or dates of service)	24 14 15 15 15 15 15 15 15 15 15 15 15 15 15	cords, Mt. Wils	on State Hos	pital
	18. CAUSE DF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (a), (b), and (c).]	the lune		INTERVAL BETWEEN ONSET AND DEATH
	Conditions If any which		0		
	gave rise to immediate cause (a), stating the DUE TD	The Park			
MOLTA			TED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CEPTIEICATION	2Da. ACCIDENT WAS UNDERLYING DOB. IS OR CONTRIBUTING ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part II of Item 18.)	YES ND
MEDICAL		Not While facto	CE OF INJURY (Home, farm, ry, street, office bidg., etc.)	(City or town) (Cour	nty) (State)
1	21. I certify that 41 (this hospital) attend	ed the deceased from		offus 1st, 196 from the causes and on th	6, that (f) (we) last e date stated above.
	22a. SIGNATURE	M.D	ATTENDING - MED.	STAFF 22b. DA	Z 66
1	Wm. NAME (Vpe) omer, M.D., Sup		Mount Wilson		
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	sind &	LOCATION (City, town or county)	mde
0	24. FUNERAL DIRECTOR Saulas - M	ADDRESS 1941 Church) '	GISTRAR 256. REGISTRARS	
41=					

monthly found

ladigable abate apelial forces

To te all Records, Mt. Wilson State Hospital

Letter of the letter be a second

Sm. Welconer, M.D., Superintendent Normt Milson, Heryland

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11082 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY BALTIMORE MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) FORT HOWARD 53 DAYS ROCKHALL d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? FERRY PARK NO NO VETERANS ADMINISTRATION HOSPITAL YES 3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED BOSS MITCHELL JR. AUGUST 19 66 DEATH (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ev remerte last birthday) Manths Days Haurs any WIDOWED DIVORCED OCTOBER 5. 1930 MATE WHITE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? PARSONS TENN
14. MOTHER'S MAIDEN NAME U.S.A HEAVY EQUIPMENT OPERATOR 13. FATHER'S NAME MAGGIE REESE BOSS MITCHELL 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO VA HOSPITAL (Yes, na, or unknown) ((If yes give war ar dates of service) 112 62 40 49 CLINICAL RECORDS FORT HOWARD. YES MARYTANI INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) BRONCHOPNEUMONTA. DUF TO burial, Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been as the last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION GLIOMA, CEREBELLAR NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Nat While factory, street, affice bldg., etc.) at work ot wark 21. I certify that (1) (this haspital) attended the deceased fram JUNE 30 , 19 66, to AUGUST 22, 19 66that (1) (we) lost saw the deceased olive on August 22 19 66, and that death occurred at 130A M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** away 8 22 66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MD. PETER V. JUVAN. M. D. 23C NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION, BENOVAL (Specify) PARSONS, TENNESSEE 25b. REGISTRAP'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PENHINGTON FUNERS HOME AUG VR A15 (4) HAVRE DE GRACE, MD. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

15011			e pandara ese	118
	GKAITUM	\$50	etrates	
	ALABETOS	FIS DATE	0.54000	with.
	2005 2005	HOSPITALLY	BOTTANTE META BLAS	E V
35 3800.03	oriver 5, 1990	X	EXE NUMBER	314
.8.2.9	nuscus, ram		RODSED TOMORS	Y) All
VA HISTORIA	Serie allowi		210101.11	2804
V 100 100 PEUL TA		56 20 1		

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	AARVI AND
F 2ª	11083 CERTIFICATE OF DEATH	11072
executed within 24 hours after death. and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death.	1. PLACE DF DEATH a. COUNTY a. STATE b. COUNTY	- /
after ages 1 safte	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL) C. CITY OR TOWN (if outside corporate limits, write RURAL)	
hours sed in b	ANAME DE HOSPITAL OR INSTITUTION (if not in hospital, give street address)	e. IS RESIDENCE
in 24 hu ly filled n papers tthin 72 l	Guarter Balliniae Medical Center Cub/les/ 844 Hill Avenue	DN A FARM? YES ND V
d with	(Type or print) Baky Givl M. + chen DEATH August	Day Year / 19 6 6
physician. It is that the dealth centilicate be executed within 24 is signed by the attending physician and completely filled burial-transit permit. Then please remove carbon paper burial, cremation, or removal, and in any event, within 70.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift under last birthday) Months widowed Divorced 9/1/6/6 9/1/6	Days Hours Min.
ician a ease re and in	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
en ple oval, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
r rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
permi ion, o	(Yes, no, or unkown) (If yes give war or dates of service)	
ansit remat	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCESTIVE CARDIAC FAILURE	ONSET AND DEATH
certificate has been signed by the hed for use as the burial-transit t. of Health prior to burial, cremai	4222 DUE TO 2 11VOR ARRY TS	
the burn to bu	gave rise to immediate cause (a), stating the DUE TD	
h prio	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
Healt Land	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES X NO
te Dept. of		
State Depi	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work 19 at work 19 at work	unty) (State)
0 41	21. I certify that (1) (this hospital) attended the deceased from 3:5/ Am 8/1, 1966, to 527 Am 8/1, 19	
3 sh with	Saw the deceased anve bit 19 99, and that death occurren at 14 m, from the causes and on t	ATE SIGNED
e filed	22c. PHYSICIAN'S 22d. ADDRESS	11/66
director, page 3 shoul should be filed with the	NAME (Type) Dr., Robert RAMINER. Earline Md. 23a. BURIAL, CREMATION, 23b. PATE/THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or cou	unty) (State)
8 S. C.	Cremagen 8/4/66 breaker Balto. Med Cough Towson 4	S SIGNATURE
6	French Z. Glaves, W.D. ADDRESS DATE AUG 8 1956 Cole	arles Judas
,	6-221712	0

FOR STATE HEALTH DEPT.

TO DEPUTY IN CAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute artificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may, be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11084	WED	PICAL	EXAMINER	'S CER	TIFICAT	E OF DE	ATH		11073
1.	PLACE OF DEATH			U FIIM U)7	2. US	UAL RESIDEN	CE (Where decess	d lived, If Instit	tution: Resider	nce before admission
	Balt	o. Count	y	MARYLANI		TATE	id.	b. COUNTY	Balt	imore
	b. CITY OR TOWN (if		\$,	c. LENGTH OF STAY IN 1		ITY OR TOWN (I	if outside corporate	limits, write RU		
	write RURAL end of Dur	idalk		20 yrs		Dundal	k			13.1
	d. NAME OF HOSPITA	AL OR INSTITUTION (i	f not in hospi	itel, give street eddress)	d. 5	TREET ADDRESS			-	. IS RESIDENCE
	307 Pi	ne Stree	t							YES NO
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month	Dey	
	(Type or print)	Louise		L.	Mori	cis	OF DEATH	Aug	8	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE C	F BIRTH	9. AG	E (In years IF L		- 00
	Female	Negro	WIDOWED		Jan.	8. 1427	1907 56	birthdey) Mo	onths Deys	Hours Min.
10a	. USUAL OCCUPATION of work	N (Give kind of work	10b. KIN	D OF BUSINESS OR INDU	STRY 11. BI	RTHPLACE (Stete	or foreign country		12. CITIZEN C	OF WHAT COUNTE
	Housewi	fe	"		Ne	ew Orle	ans, La		U.S	.A.
13.	FATHER'S NAME				14. MO	THER'S MAIDEN	NAME			
	Lawrence	e Lieute	nant		3 13 1	Lillia	n Reffe	lls		
15.	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17	. INFORM	ANT		Address		
					Mr.	Charle	s Morri	s 30	7 Pin	e Stree
-			cause per lin	e for (e), (b), and (c).]		0	1 -		IN	TERVAL BETWEEN
		WAS CAUSED BY:	Ice	ite Coro	nari	1 Occ	lusion			ASET AND DEATH
	260x	DUE TO	0.4	. 1.	4.	41	1 10.		,	
	Conditions, if eny,	10/_	ut	crioscler	otic	Idear	t Nu	eeae		
	geve rise to immediate (e), stating the und	DIJE TO	10	. 1	1	Plitus	1			
	cause last.	(c)_	Nu	welles 1	ne	leeu	U			
NO	PART II. OTHER S	IGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH BUT	NOT RELATE	TO THE TERMIN	IAL DISEASE COND	ITION GIVEN	N PART 1(a)	19. WAS AUTOPS
CAT			-							YES NO
CERTIFICATION	20e. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.		b. DESCRIB	E HOW INJURY OCCURED). (Enter netur	e of injury in Pert	I or Pert II of item	18.)		
3	20c. TIME OF INJURY	Y Month, Dey, Yee	r 2Dd. IN				, 20f. (City or to	wn)	(County)	(Slete)
WEDICAL	Hour e.m.	19	While et work	TAOL MAINING	fectory, street,	office bldg., etc.)	/	-	
<			1	ins described above,	held an A	utopsy .	Inspection .	Inquiry	and	l in my opinion
	death resulted from			_	uicide 🔲,	Homicide		rmined mann		iii iiiy opiiioii
-		1 -1	34	1		CHIEF MEDICAL E	_			
	ACTUAL	hen !!	all	lesso		ASSISTANT MEDI		1		DATE SIGNED
	SIGNATURE 1	1 -0 - 1			M.D.	DEPUTY MEDICAL				1.1.
	EXAMINER'S NAME (Type)						ity, town, or county	y)	8	18/66
228	BURIAL, CREMATION	, 226. DATE THERE	OF 2	2c. NAME OF CEMETERY			22d. LOCATION	-	country)	(Stete)
1	REMOVAL (Specify) Burial	8-13-66		Mt. Olivet	Ceme	terv	New Or	Leans,	La.	
	FUNERAL DIRECTOR	E 2 H 2 D		ADDRESS		24e. REC		24b. REGISTR		URE
Me	orton & D	yett F.H	. 1	701 Lauren	e C+	DATAU	3 9 196	6 you	carles	moge

1701 Laurens St.

TRULL Tellemon or the witness and Toler a branch Condition I Mark Louis Art. Charles Houris Lecute Commune Continue Certe isocher les steat Asies acen Herototed & Redection 2012/13 derial select chest complete land riches Land See a BUA to everges for seem a modern

1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	11085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1074
EALTH DEPT.	1. PLACE DF DEATH O BATTIMOTE MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence be a. STATE b. COUNTY Maryland Prince George	V
1, 2, and 3 ta 1, 2, and 3 ta m. PM3. Page Department of rs after death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Catonsville c. LENGTH OF STAY IN 1b 1 year Cedar Heights	rest tawn)
naurs arrer aedrn. It dry tem 18. Give Pages 1, 2, Office alang with farm P and 2 with the State Depa event within 72 haurs af	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
18. Give Pages I alang with farr with the State D within 72 hour	3. NAME DF First Middle Last 4. DATE Manth . D	Day Year BO 19 66
Item 18. Give Pag Office alang with and 2 with the Sta event within 72 h	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
ger's Office ger's and 2 any event	10a, USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY Bakery Washington D. C.	OF WHAT
Examiner Examiner File page and in al	13. FATHER'S NAME Richard Moulden 14. MOTHER'S MAIDEN NAME Unknown	
i≡ û i⊑ ē	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af service) unknown 16. SOCIAL SECURITY NO. 218 20 0592 Records: Spring Grove State Hospt.	ıd
hief Medical ansit permit.	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
to the Chief I burial-transit matian, or re	Conditions, if any, which gave) DUE TO Conditions, if any, which gave) (b) Thrombo	
arwarded to the C used as a burial-tr burial, cremation,	rise to immediate cause (a), stating the underlying couse (c) DUE TO (c) Fracture Tibia & Fibula (right)	
be used ta buria	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
uld build	200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING Days of DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) Jumped over fence causing leg fracture	-V
aur files. age 3 shauld be to agent, prior to b	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Hour a.m. While at wark at wark today, street reflect the street of the street	elt my
funeral director. Page 4 sh ay be retained far your fil NERAL DIRECTOR: Page 3 3 Ith ar its designated agent		nd in my apinion
ol direct retaine L DIREC its desi	JIONATONE M.U.	22. DATE SIGNED
the funeral director. Page 4 5 may be retained for your 0 FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S CEO.S. M KILEFFER DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, or county 2016 Leader Address (Street, city, tawn, or county 2016 Leader DEPUTY MEDICAL EXAMINER	ian
To Heal	23a BURIAL XREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF/CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (South French Control of Control	L Mil
VR A15ME (6)	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS Date SEP 2 1966 ADDRESS ADDRESS Date SEP 2 1966 ADDRESS ADDRESS DATE ADDRESS ADDRESS ADDRESS DATE SEP 2 1966 ADDRESS AD	es Judge

\$504.f			
Made Triangle Gos	fata, exist		erantetha.
	minister when		ALTERNATION OF
	dental the EED	fortgealt	saudif orother up
Angrest 30 C	cablue		and the second
	75 42-6-8 ×		ergel ales
	dentities , la		samos paries
tane (yaw e	nelizvanorek sventi galzet relesen		modernos branks in
the Manageria			
Service and the			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Page BALTIMORE b. COUNTY MARYLAND D BALTIMORE MARYLAND deat artment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and HALETHORPE HALETHORPE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Office alang with farm ON A FARM? in Item 18. Give Pages 1727 WINANS AVENUE 1727 WINANS AVENUE 21227 NO Z NAME OF First Middle Lost 4. DATE Month DECEASED J ALTON NARER AUGUST (Type or print) DEATH 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED XX NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 58 vrs Hours WIDOWED DIVORCED 8-2-1908 PHMALL WHITE 7 pup 10o. USUAL OCCUPATION (Give kind of work done fOb. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired SELF in any OWNER OF GAS STATION MARYLAND 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME JOSEPH NARER MARGARET SNOOPS and be executed fs. WAS DECEASED EVER IN U.S. ARMED FORCES? f6. SOCIAL SECURITY 30 f7. INFORMANT Address permit. remaya (Yes, no, or unknown) (If yes give war or dates of service) 217-22-7993 MRS. REBECCA A. NARER, 1727 WINANS AVENUE NO 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 0 IMMEDIATE CAUSE (o) shauld the ward crematian, DUE TO 38 Conditions, if ony, which gove rise to immediate cause (a). DUF TO certificate stoting the underlying couse 0 as last. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20o. EXTERNAL CAUSE WAS PRIMARY La or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item fB.) 3 shauld AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Aty or town) (Stote) foctory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted frama Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 42. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE . O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** GEORGE S. M. KIEFFER 1010 LEEDS AVENUE NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOYAL SPAIR 8-11-66 MEADOWRIDGE CEMETERY BALTIMORE. MARYLAND REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR VR A15ME (D) HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 6M 1/66

T1075

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21301

CERTIFICATE OF DEATH 11087 within 24 hours after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY BATTTMORE ANNE ARUNDET. MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) haurs (write RURAL and give nearest tawn) 3 HOURS GIEN BURNIE FORT HOWARD filled in I d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 818 BALTIMORE AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO X 3. NAME OF remøve carbon First 4. DATE Month Last Doy Year DECEASED OF 19 66 NASH AUGUST 22 OTHO LLOYD (Type ar print) DEATH requires that the death certificate be executed IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 7894 9. AGE (In years IF UNDER 24 HRS. birthday) Months Hours MAY 25. 1896 WIDOWED DIVORCED MATE NEGRO and in an 10a. UŞUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY BALTIMORE, MARYLAND GARDNER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, EMMA GREEN DORSEY NASH 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPETAL FORT HOWARD. MARYLAND 218 14 99 17 CLINICAL RECORDS YES crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSELAND DEATH CEREBRAL HEMORRHAGE IMMEDIATE CAUSE (a) DUE TO CEREBRAL ARTERIOSCLEROSIS Canditians, if any, which gove UNKNOWN rise ta immediate cause (o), DUF TO stating the underlying cause Page 4 may be retained by the haspital ar attending has been as the lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Yeor (County) Hour o.m. factory, street, office bldg., etc.) Not While at wark ot work TO FUNERAL DIRECTOR: After 21. I certify that /// (this haspital) attended the deceased fram AUGUST 22 , 19 66, to AUGUST 22, 19 66, that VI (we) last directar, page 3 shauld shauld be filed with the saw the deceased alive an AUGUST 22 19 66, and that death accurred at 915P M, fram causes and an the date stated above. 22b. DATE SIGNED 8/22/66 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) 23a. BURIAL, CREMATION 23b. DATE THERFOR (County) (Stote) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE. MARYLAND FUNERAL HOME ALLG 2 O 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** AUG 1966

MARYLAND STATE DEPARTMENT OF HEALTH

GTOTAL CHIO

AND STANDARD STANDARD STANDARD STANDARD STANDARD WITH STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD ST

STATEMENT AND THE STATE OF THE

THE TANK OF THE PARTY OF THE PA

CONTRACTOR OF THE PROPERTY OF

MAY 25, JERS

LANGE CONTINUE OF STREET

Planta III

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11088 CERTIFICATE OF DEATH hin 72 hours offer death Land PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission), o. COUNTY BALTIMORE b. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 24 hours FORT HOWARD 36 DAYS BALTIMORE þ d. STREET ADDRESS ⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? filled 661 STIRLING ST. VETERANS ADMINISTRATION IOSPITAL YES NO 3. NAME OF First Middle 4. DATE Lost Month Doy Year and completely DECEASED OF 8 19 66 NELSON event, RAYFORD 19 (Type or print) DEATH be executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours Dovs WIDOWED XX 11 29 94 DIVORCED ond in ony MALE NEGRO 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** requires that the death certificate ATKEN, S. C.

14. MOTHER'S MAIDEN NAME U.S.A. NIGHT WATCHMAN UNK 13. FATHER'S NAME or removal, UNK ANTHONY NELSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes no grunknown) (If yes give war ar dates of service) 18 37 92 CLINICAL RECORDS-VAN FORT HOWARD, MARYLAND cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-tronsit ONSET AND DEATH MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) DUF TO signed ! burial, RECENT OCCLUSION OF CORONARY ARTERY Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse os the has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION of Health ar this certificate has NO CARCINOMA OF PROSTATE Poge 4 moy be retained by the hospitol or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Iown) (County) foctory, street, office bldg., etc.) Hour o.m. Not While ol work ot work FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram, saw the deceased glive an 8 19 1966, and the 7 14 . 19 66 . ta 8 19 166 , that (I) (we) last 1966, and that death accurred at 1:20M, fram causes and an the date stated above. saw the deceased alive an, 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. **ATTENDING** 8/19/66 director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JORGE A. FABARA, M. D. VA HOSPITAL FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL, CREMATION, PEMOVAL (Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL 250. REC'D BY REGISTRAR
LE AUG 2 4 15 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR FUNERAL HON DATAUG

	0		24016
	The second second second		
	GINTING.		PROGRAMA
	ENGRUDE	BYAC 35	9
	.Te Outsite Co.	TOTOL K	Million and a started
8 21 8	rea.		CHCAVAR
	29 5%	ar xx	OFF THE
.A.B.V	ALLES S. C.	i U	and appearing the second
	2011		
	MI RECOMMS-VAR PORT	AUGUD SP Y BL 2757	Zhu Bu.
			THE DESCRIPTION OF THE PARTY.
alaka -		etti - ud. (Atüragore	THE PARTY OF THE P
alaba.	MELIKA M		
alaba.	MELIKA M		1800 1 10 A Carrotte
alaba.	YELISA IX		TSOLE TO A COLLARY
	VIII. I KA		
	VIII. I KA		
	VIII. I KA		
SELECTION OF THE PROPERTY OF T	VILLENA IN		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11089 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND physician and campletely filled in by the form nlease, Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 16 DAYS BATITIMORE FORT HOWARD IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO [21110 FREDERICK AVENUE YES VETERANS ADMINISTRATION HOSPITAL 4. DATE NAME OF Middle Month First Lost Doy Year 3 DECEASED /ent, 19 (Type or print) NETSON DEATH AUGUST WEITNBERG JOHN. IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours WIDOWED DIVORCED MATE NEGRO 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY and S.C. CARPENTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL (Yes, no, or unknown) (If yes give wor or dates of service) FORT HOWARD, MARYLAND CLINICAL RECORDS 26 00 YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse as the has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FICATION NO YES TO FUNERAL DIRECTOR: After this certificate be retained by the haspital or for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased from JUIN 5 , 19 66, to AUGUST 20, 19 66 that (1) (we) last saw the deceosed alive on AUGUST 20 19 66, and that death occurred at 225PM, from causes and on the date stated above. 22o. SIGNATURE 22b.- DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) THAVATCHA FUANGVYDHIRAN director, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. BURLAL (Specify) 24. FUNERAL DIRECTOR ADDRES VR A15 (4) 20 M 1/66 Marley

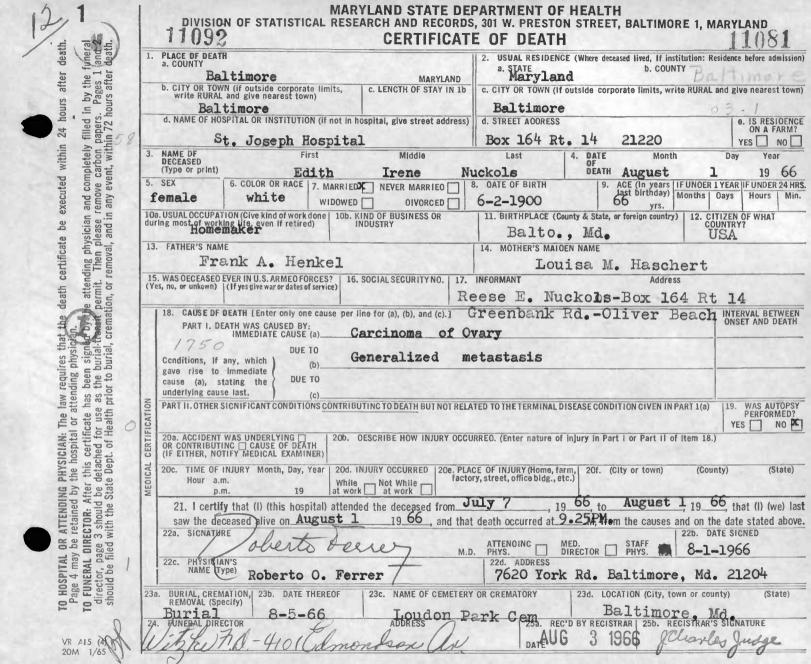
1107			08011
	INATESON.		EASTTHORS
	adalah da		WEINDE DOW
	WALDERS CHES CALLS	LIGHT THE TANK	A PROPERTY AND STREET
ns Proofit	to and	MOL. AND	
	1 ,3 = 6 2 1 1 1 1 1 1		Office Alif
	0.		
THE LANGE OF THE CAME OF THE C	ARCKIE ALAMAN	ER DO AS ITS	
	2257 - 22	A 20 100 100	
Profession Con			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11090 within 24 haurs after death haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funeral PLACE OF DEATH 113b. COUNTY o. COUNTY ALTIMORE MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest town) te RURAL and give neorest town)
NANDALCS TOWN BALTIMORE filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? papers. hin 72 l 56/1 WINNER Co NO TA Middle 4. DATE NAME OF First Lost Month Doy Year and completely DECEASED OF 66 NORRIS 14 1. ZE DOVIE DEATH (Type or print) PHYSICIAN: The law requires that the death certificate be executed in any even IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Haurs Min. WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY physician (MARICAND Housewife U.S.A. 14. MOTHER'S MAIDEN NAME remova wiles 1 EE Anna King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na. or unknown) (If yes give war or dates af service) a Mr. James M. Norris-5611 Winner Ave. 21215 No crematian, CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Heart Fallen in a resigna IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Canditians, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse the of Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) this certificate has use YES NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at work . 1966 to 5-14 . 19 Ecthat (1) (we) las 21. I certify that (1) (this haspital) attended the deceased from_ 1966, and that death occurred at 3:30/M, from causes and on the date stated above DIRECTOR: saw the deceased olive on & -/c/ 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR ATTENDING M.D. PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Dr. De Jeya Baltimore Co. Gen. Hospital directar, shauld b 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) REGISTRAR PLAN 2 24. FUNERAL DIRECTOR 8/17/66 Loring Byers-8728 Liberty Rd. Randallstown, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11091 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPJ. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE h COUNTY af death Baltimore MARYLAND Maryland. Baltimore b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and write RURAL and give neorest tawn) after Baltimore Rural 03 -Baltimore Rural d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. 15 RESIDENCE d "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office alang with farm 72 hours ON A FARM? St. Joseph's Hospital 375 Hillen Road in Item 18. Give Pages NO F 24 haurs after death. 3. NAME OF Middle Lost 4 DATE Month Doy Year DECEASED the WADE A. NORRIS 26 19 66 August (Type or print) DEATH within with S. SEX B. DATE OF BIRTH IF LINDER 1 YEAR 1F UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) Months Doys 8-5-1924 Male Negro WIDOWED DIVORCED and 2 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Cockeysville, Md. Trash Removal Robert Tyler any 14 MOTHER'S MAIDEN NAME be executed within Lillie Matthews File and John Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service ar remayal. Patricia Jenkins 2632 Francis St. no 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction, Cause Undetermined. used as a burial-trar burial, cremation, a This certificate shauld writing the ward DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate, NO X its designated agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld l PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While may be retained for yaur FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry [ond in my opinion Noturol couses x Accident . Suicide . funeral directar. deoth resulted from: Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED alles ASSISTANT MEDICAL EXAMINER 1 ach SIGNATURE O DEPUTY 5 may be TO FUNERAL Health or i 8/28/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) the 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) BURIAL (Specify) 2So. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Victorles DAAUG 29 VR A15ME (5) AURENS 6M 1/66 ORTON + 701

11050 The state of the s



IZOTI.

ero-irlal

the first all the fill and the land descou . Jo

Transparent afront careff diffus

DOST-1-10 DESTRUCTION OF THE PRINCE

Excellent management of the control

e water and to be anniholded to be

NEW TOTAL AND THE STATE OF THE

A Carriagna of Deary

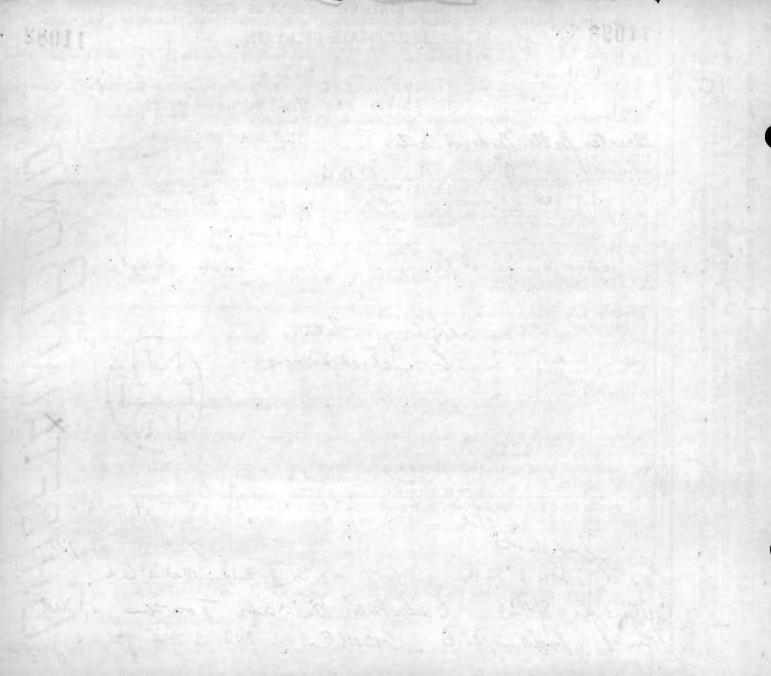
Alected beringened

and the state of t a remaining the little and the second se

doct-1-5 to see the

Forers C. Ferrer M. Wick Cold For Mar. Del Hurt, Md. William

	Ĭ	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ADVI AND
death.		11093 Thom #2 inco CERTIFICATE OF DEATH	11082
er deat	1.	PLACE DE DEATH a. COUNTY Baltimore ALIST #14 ANARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: R a. STATE MARYLAND	
) -		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Outside Corporate limits, write RURAL	end give nearest town)
76		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Treater By lto. Medical Center 7108 Heathfield Road	e. IS RESIDENCE ON A FARM? YES NO
= 3	3. ′	NAME OF First Middle Last 4. OATE Month OF DECEASED (Type or print) Bata Girl O'Brian BEATH B	Day Year 2 19 6 6
-	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months	20
1	10a duri	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
	13.	FATHER'S NAME James Frances O'Brien 14. MOTHER'S MAIDEN NAME Doelger	Physical
(15. (Ye	WAS DEEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address, no, or unknown) (If yes give war or dates of service)	
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if any, which (b) DUE TO Conditions, if any, which (c)	INTERVAL BETWEEN ONSET AND DEATH
LICATION	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
No. Co.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 20f. (City or town) 4 work 20f. (City	nty) (State)
		saw the deceased alive on 4/2 19 CC, and that death occurred at 55 PM, from the causes and on the causes are caused at the causes and on the causes are caused at the cause a	6, that (I) (we) las ne date stated above ATE SIGNED
		22c. PHYSICIAN'S NAME (Type) Jere P. Sm.th 22d. ADDRESS Gruten Baldwin Media Cash	
2	23a.	REMOVAL (Specify) 8/4/66 Creader Balto, Med Carter Towson,	nty) (State) (State) S SIGNATURE
1	1	address 250. REGISTRAR 256. REGIST	rles Judge
R	77	1-22/727	rles Je



1-1		MAR' Division of STATISTICAL RESEARCH		PARTMENT OF HEALTH	MORE MARYLAND 212	01
FOR STATE		4400*		CERTIFICATE OF DEAT		11083
HEALTH DEPT.		PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceose o. STATE Maryland	b COUNTY	e before admissian)
ond ond M3.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) Baltimore Rural	NGTH OF STAY IN 16 Life	c. CITY OR TOWN (If outside corpore Baltimor	te limits, write RURAL and give	neorest town)
es 1, 2, form P form P te Depo		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give strue over the count of the count o		d. STREET ADDRESS 105 Sipple Ave	nue #36	e. IS RESIDENCE ON A FARM? YES NO
24 hours after death. If in Item 18. Give Poges 1, r's Office along with form 1 lond 2 with the Stote De my event within 72 hours		NAME OF First DECEASED (Type or print) DAVID	TIMOTHY	BRIAN/ 4. DATE OF DEATH	Month August	Doy Year 4 19 66
ors after de 18. Give F ce along w 12 with the nt within 7	N	fale White WIDOWED	DIVORCED	6-16-1946	20 yrs.	Days Haurs Min.
24 hours in Item 18 vi's Office of 10nd 2 viny event	dur	b. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF INDUSTRY	dent	HH HHHHH HHHH	BALTO 12. (III	ZEN OF WHAT
be executed within 2 "pending" in pencil ir lief Medical Exominer' unsit permit. Fielpate or removol, and signate	L	FATHER'S NAME Edward O'Brien	CECUDITY NO. 17. IA	14. MOTHER'S MAIDEN NAME I VFORMANT	illian Catiz	
ecuted ling" in edical E ermit. I	(A	es, na, arunknown) (If yes give wor or dotes of service) 218—	46-0938 Mr	Edward O'Brien	1100.000	
icote should ing the word ded to the Character as a buriol-treatment.		stoting the underlying couse DUE TO last.	dial Hypertr itally Hypop	Plastic Coronary	Arteries.	INTERVAL BETWEEN ONSET AND DEATH
this certificate, writing forwar be used to buria	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
ER: The certifica ould be es. hould b	A CERTIFICATION	PRIMARY □ ar CONTRIBUTING □ CAUSE OF DEATH.		Enter noture of injury in Port I ar Par		
EXAMINER: cute the certifuge 4 should age 4 should ryour files. Poge 3 should ded ogent, pri	MEDICAL	p.m. 19 at work	Nat While focta	E OF INJURY (Home, form, 1975) ary, street, affice bldg., etc.)	(City or tawn) (Cou	
TO DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funerol director. Page 4 should be fo 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be a Health or its designoted agent, prior to the contract of the c		ACTUAL OF		de, Homicide, U CHIEF MEDICAL EXAMINER	ndetermined monner	ond in my opinion
TO DEPUTY An one cessary, plathe funeral and per reformer for the difference of the funeral and for the funeral and funeral an		SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty,	M.D.	M.D. ASSISTANT MEDICAL EXAMINE DEPUTY MEDICAL EXAMINER Address (Street, city, town,		8/4/66
TO DI nece: the 1 5 mc		REMOVAL(SPEH) 8-8-1966 H	NAME OF CEMETERY OR CO	r Cemetery Bal	timore, City	(Caunty) (State) Md.
VR A15ME (5)	1 (FUNERAL DIRECTOR	ADDRESS	DATE AUG		rley Judge

The state of the s

The second second second second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland b. COUNTY Baltimore after e the MARYLAND. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Baltimore C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I completely filled in by t ove carbon papers. Page I event, within 72 hours a HOURS Baltimore 21206 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 8414 Philadelphia NO YES 3. NAME OF Middle Last DATE 4. Month Day Year DECEASED Wilhelmina. August 3 66 (Type or print) Kahler Otto DEATH 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last pirthday) Months 6-22-82 Days Hours female white WIDOWED 3 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done line) 10b. KIND OCCUPATION (Give kind of work done line) 10b. KIND OCCUPATION (Give kind of work done line) 10b. KIND OCCUPATION (Give kind of work done line) 10b. KIND OCCUPATION (Give kind of work done line) 10b. KIND OCCUPATION (Give kind of work done line) 10b. KIND OCCUPATION (Give kind of work done line) 10b. KIND OCCUPATION (Give kind of work done line) 10b. KIND OCCUPATION (Give kind of work done line) 10b. KIND OCCUPATION (Give kind of 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Homemaker Housewife Baltimore Co. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending primit. Then Henry Kern Minnie Unknown d by the attend transit permit. cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes nive war or dates of service) 8414 Philadelphia Road Mr Charles Kahler 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Cerebral artery thrombosis. right side. Uremia ONSET AND DEATH IMMEDIATE CAUSE (a). burial-tra burial-tra Congestive Heart Failure, secondaryt to Arteriosclerotic Heart Disease Cenditions, If any, which been gave rise to immediate the l DUE TO cause (a), stating the underlying cause last. has (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO X PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from July 19 1966 to August 3, 1966 that (I) (we) last DIRECTOR: Jage 3 should lied with the saw the deceased alive on August 3 1966, and that death occurred a 5.50 PM from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page August 3 1966 ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR HOSPITAL FUNERAL PHYSICIAN'S 7620 York Rd. director, p Baltimore, Md. 21204 NAME (Type) Nelson S. de la Paz 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 0 REMOVAL (Specify) 2 Zion Cemetery Burial -6-1966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR AIS DATE 20M 1/65

13011

HILLS NO STALE (SE

1189

delle line addicte e id. - Lite and the sale sale en file and the second file manager of the compact of the property of the compact of the compa of Personance , was left true; avendence to A STATE OF THE PARTY OF THE PAR MORE TO THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11096 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY 3 to Poge Baltimore o. STATE Maryland b. COUNTY Baltimore 0 MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 10 years Edgemere d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Res. 2328 Sparrows Point Road 2328 Sparrows Point Road NO PH certificate should be executed within 24 hours after death. 3. NAME OF with mest JOSEPH Middle 4. DATE Month Day DECEASED (Type or print) Give August DEATH he word "pending" in pencil in Item 18. Giv to the Chief Medical Examiner's Office along with S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED IF UNDER 1 YEAR B. DATE OF BIRTH NEVER MARRIED IF UNDER 24 HRS. 7tost birthday) White March 1- 1893 Haurs Male WIDOWED event DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during massiverking de, even if Fried apsco-Bathus River Railroad COUNTERS A poges in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Pacitto Not Known IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or detesal service) removol, 234-30-8651 Wife, Mrs. Mary Pacitto, # 2,a,b,c,d. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate, NO Health or its designoted ogent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) factory, street, affice bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page Not While at work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Review Inquiry ond in my opinion deoth resulted from: Notural seuses DCk Accident ... Suicide . Homicide the funerol director. Undetermined monner CHIEF MEDICAL EXAMINER 8-13-196622. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Theodore C. Patterson, M.D. 105 Maindr Straphy to Hardalk, Maryland 21222 **EXAMINER'S** NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 BEMOVAL (Specify) August 16-1966 Oak Lawn Baltimore, Maryland 21224 ADDRESS 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE JOHN J. DUDA, Dundalk, Maryland 21222 VR A15ME (5) AUG Ocharles J. 1966

480H1 ----The same of the sa CAME: The second secon

MARYLAND STATE DEPARTMENT OF HEALTH

			Tenar
98011			401
	terroren de	and the second	
			neared
			wall.
	Re-State		in Cales C
	CONTRACTOR IN	McClary	. Notate N.
· Hill, Va.		catomora (re	
	1674 to de		
	To Record to Market Harr Hall, Va		
		A CONTRACTOR OF THE SAME OF TH	
W tentos W.			
	SULVEY STOP CLEVE	Lording to the think	A VICTORY
igaeto, magagi	alever Rt. 4 Co	A Substitute of the second	10000

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH death. trate be executed within 24 hours after deoth the funeral oges 1 and). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Md. o. STATE Baltimore a. COUNTY Baltimore MARYLAND b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest fawn) c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b. on popers. Pog within 72 hours 10 yrs. Rural- Woodlawn d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 2308 Poplar Drive 2308 Peplar Drive NO X NAME OF Middle 4 DATE First Last Month Day Year DECEASED 8/26/66 Martha B. Paikert 19 event, (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLDR DR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years 7. MARRIED last birthday) Manths Davs ony White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) physicion on pleose INDUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME U.S.A Housewife None 13. FATHER'S NAME or removo Abijah T. McBrayer attending p Nettie Hogsed 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dotes of service) 212-40-7226 Hans P. Paikert-2308 Poplar Drive -7 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse this certificate has been Heolth prior to 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use none NO 4 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While at wark at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram 8-22, 1966, to 8-26, 1966, that (I) (we) los saw the deceased alive an 8-26, and that death accurred at 200 PM, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 5907 Gwynn Oak Baltimore 21207 NAME (Type) Dr. Leon Ashman director, should b 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8/29/66 Baltimore, Md. Meadowridge 4 FUNERAL DIRECTOR
Loring Byers-8728 Liberty Rd. Randallstown, Md 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 AUG 1966

•	ero lyby		-7970	
	maximum Tartes	.010.01		re/almon
	avital selection		- ta	rational edges
		andt a	.(*/4	
	0.4			w la
4	Town.		12	tem ust.
	Impro. of Real			. E. rin Lida di
	C2-, wester mand .			
				de la constitución de la constit

.bit .comoloffichial .bit words 1557-erbit 1000m. 1 d.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11099 CERTIFICATE OF DEATH 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY -ANNE ARUNDEY MARYLAND BALTIMORE MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, FORT HOWARD MINUTES NEW WINDSOR, MARYLAND carapletely filled in by d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) HORTONS BOARDING HOME VETERANS ADMINISTRATION HOSPITAL NO A requires that the death certificate be executed within 3. NAME OF Middle 4. DATE First Last Manth DECEASED CHARLES PAMPLIN 21 1966 A. (Type ar print) DEATH IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Last birthday) 3/25/07 MALE WHITTE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast af warking life, even if retired) INDUSTRY COUNTRY? CONCORD, NORTH CAROLINA U.S.A. CIERICAL WORK OFFICE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CHARLES PAMPLIN AIMA COLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, pp., or unknawn) (If yes give war produtes at service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address signed by the attendii burial-transit permit. 0 244 03 09 78 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: PNEUMONIA IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave RECENT PULMONARY EDEMA rise ta immediate cause (a), DUE TO stating the underlying cause this certificate has been far use as the CHRONIC PYELONEPHRITIS UNKNOWN WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? ARTERIOSCIEROTIC HEART DISEASE. MULTIPLE SCLEROSIS, CLINICAL NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) TO HOSPITAL OR ATTENDING Page 4 may be retained by to Funeral Director; After at wark 21. I certify that (1) (this haspital) attended the deceased from saw the deceased glive an 8/21/66 19, and the and that death accurred at 8:30PM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE (ATTENDING 8/21/66 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GEORGE DUDAS. M. D. VAH FORT HOWARD, MARYLAND director, 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Sparify) Greensboro, N. C. 25b. REGISTRAR'S SIGNATURE HINERAL DIRECTOR JOHNSON FUNERAL HOME 2Sa. REC'D BY REGISTRAR 8521 Toch Raven Wlvd

11028	The second second second		6	6944
COURT LINEA	CULTATION OF THE STREET		anios an	IAI
	CHARLET COLUMN TON	Carrier .		
	д витериличное вымаде Те	white our source	30 L C V 20	SEE. V.
	PARTIES	, a gradi		
	3/23/64		20100	
	A TANAM THAT (CHOOL OO)			infiles
	S. SCO. AMER		11/19/94 5	
, anakon ez	CITED W BETTO	b; to so 44s 1	11.10	
		ALTO AUTO .		
		ALGOARDS - 20 XIANATU		
	A NORTH PROPERTY.	VEG YEARONG :		
ing DOU		vad YDAROSTVIII YCXXX SZECKUD		
MONEY CON.		TOTAL YEAR ON THE STREET		
ime District		vad YDAROSTVIII YCXXX SZECKUD		
		TOTAL STATE OF THE		
		TOTAL STATE OF THE		
		TOTAL STATE OF THE		

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11100

CERTIFICATE OF DEATH

089

						alle '	
Ī	PLACE OF DEATH				here deceosed lived, if institution		pefore odmission)
	o. COUNTY Bal	timore	MARYLAND	o. STATE Marvl	and b. COUNT	Balti	more
	b. CITY OR TOWN (If outside corporate limits, d give negrest town)	c. LENGTH OF STAY IN 1b		side corporote limits, write RURA	AL ond give no	eorest town)
		t Howard	18 days	Baltimo	re 22		03-1
		AL OR INSTITUTION (If not in h	ospitol, give street oddress	d. STREET ADDRESS			e. IS RESIDENCE
		rans Administr	ration Hospital	15 Portshi			ON A FARM? YES NO
3	B. NAME OF DECEASED	First	Middle	Lost	4. DATE Month		Doy Year
L	(Type or print)	THORNTON	L	PARKER	DEATH August		8 19 66
1 5	S. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Do	AR IF UNDER 24 HRS.
L	Male	11112,00			913 52 yrs.		
1	Oo. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR	, ,	Stote, or foreign country)	12. CITIZE	N OF WHAT
-		life eyen if retired) Maintenance	Steel Industry	Lebanon, In		U.S.	A.
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
L		rick Parker			LaFollette		
	IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?		INFORMANT	Addres		
L	Yes	(If yes give wor or dates of serv	310 10 28 43 C1:	inical Rcds.	VA Hospital, F	ort Ho	ward, Md.
Γ	1B. CAUSE OF DI	EATH (Enter only one couse per	line for (o), (b), ond (c).)				INTERVAL BETWEEN
	PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	SARCOMA, RETROPER	RITONEAL, W/	WIDE SPREAD		ONON KID DEATH
L	158 X	N. A.	METASTASIS			1 19 1	
ı	Conditions, if ony						
ı	stoting the unde					200	
	lost.) (c) _					
2	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	100	19. WAS AUTOPSY PERFORMED?
15	5					200	PERFORMED? YES NO
CEDTICICATION	20a. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	ort I or Port II of item 18.)		
		MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Year		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County	(Stote)
1	p.r	n. 19	at work U at work U	,, ,			
	21. I certi	fy thotX(I) (this haspitol eceased alive onAu	attended the deceased from 1966 and the	July 21 , 19	3:35 M, from couses of	19 60	, that (4 (we) last
	220. SIGNATURE		1/55, did ind		P. III, Holli cooses u	22b, DATE	
	0	aweene F	Clurely M.		MED. STAFF PHYS.	89	66
ı	22c. PHYSICIAN'S NAME (Type		AWALT. JR. M. D.	22d. ADDRESS VA HOSPITA	L FORT HOWARD	D MAD	VT AND
L		ZZINININCE F.					
1	230. BURIAL, CREMATIC				BALTIMORE, M		unty) (Stote)
1	24. FUNERAL DIRECTO		922 WISEADAVE			ISTRAR'S SIGN	
	DUDA FUNER	AT TONOT	ALTIMORE, MARYLANI	D DATE A	UG 1 1 1966	Ochone	les Judge
		also also		DAIL I	A A T T 1000	1	The state of the s

VR A15 (4) (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

	7	

20224 10 TO SHEET 2

provide fail	bralgrad		eng da tali
	Edition 22	Layat 81	South Notes
	baod statistical el	_inligned no hus	ster John protection
3	PARKITS INC. AUGUST.	Sed to	- MOTHERET
	October , 1933 C	Total	lale which
e e	Lebuton, Ludiana	Steel Indastry	e ane atel finding
	Low Shem Lakellette		rominad stolenters
Ni, Francii (co	Highest Rode, Va Hospital,	ato to se to	ESPECIEW sox
ARC	Ownes solt /A This age.	SCHOOL SCHOOL	
Maria Co		un adm d .	
	NACTOR AV		
GLAMA	etems surpress,	ZI ZURUSETNI AM - 8	
		EVALUATIVE SSE	

1 5	tem 18 Film 382 10-27 MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
th.	CERTIFICATE OF DEATH	030
death. funeral and 2 death.	1. PLACE OF OEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE b. COUNTY	sidence before admission
ter ter	Bait imore County MARYLAND Waryland Howard	
hours after S. Pages 1 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL a write RURAL and give nearest town)	ind give nearest town)
hours S. Pa	Mount Wilson Lauret	3-2
Me 44	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
in 2 y fill thin	Mount Wilson State Hospital Bryant Are, Highridge.	YES NO 🔀
executed within 2 need completely file remove carbon param-any event, within	3. NAME OF DECEASED MIddle Leet FIRST 4. DATE Month OF	Oay Year
d v cal	(Type or print) THAIR THOREWORD BEATH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years) IF UNDER 1	12. 1966
d cout	last birthday Months	Days Hours Min.
execu n and r remo	WIOWED OIVORCEO 1.3.13 80 yrs.	IZEN OF WHAT
	during most of working life, even if retired) INDUSTRY Maryland	JNTRY?
hysi afe	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0.3.
tific ng p hen nova	Albert Everly	
ndir Tre	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	rey
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please re Dept. of Health prior to burial, cremation, or removal, and in	(Yes, no, or unkown) (If yes give war or dates of service) 212-22-3544 Records, Mt. Wilson State Hos	pital
the ation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
uires that the deal g physician. In signed by the al burial-transit pern	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
that icia ned ned ll-tra	OUZ OUE TO CHIEF CAUSE (a) IMMONANY CHIEFUNAN	oria carry
phys sig ourid		utopsy)
required ding been the b	gave rise to immediate cause (a), stating the DUE TO	
law requir ttending p has been as the b prior to b	underlying cause last.) (c)	
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, created with the state Dept.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
ICIAN: The la lospital or att certificate hished for use out. of Health pot.	Palmonary Filronis Premionite Bronsheestasis. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	YES NO
pita pita of F	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) GRONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICIAN the hospita this certii detached f e Dept. of I		
the dettine of the control of the co	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at work at work at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	ity) (State)
ATTENDING PHY retained by the CTOR. After thi should be det with the State D	p.m. 19 at work at work	
ENDI ined R. A ould the	21. I certify that (I) (this hospital) attended the deceased from 9.5, 1966, to 8.12, 1966	that (I) (we) las
R ATTENI e retaine (ECTOR: 3 shoul with the	saw the deceased alive on 3, 12, 1966, and that death occurred at 3, 14, 18, 1966, and that death occurred at 3, 14, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	e date stated above TE SIGNED
be be ad a w	ATTENDING - MED STAFF -	.12.66
	220 PAYSIMANIS	7 00 .
O HOSPITAL OR ATTEN Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 shoul should be filed with th	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland	
HOUL	123a/BURIAL, CREMATUN, 123b. D'ATE THEREOF 123c. NAME OF CEMEVERY OR CREMATURY 123d. LOWATUN (CITY, TOWN OF COUR	nty) (State)
10 T D P P P P P P P P P P P P P P P P P P	Bremoval (Specify) 8/15/66 Ing Hell Cemeters Laurel /	nd.
0	24. EUNGRAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR AI5 (4)	but the madeum Lawril Jan. DATE ALC 20 1000 1000	
20M 1/65	100 2 2 1956 Jacon	les Judge

Roger Wilson

House Wilson State Hospital Langett state nostin amont

lad ignore gangs nos Him will, abnorall au -- State

han lynam . nos ilk sunoil shebesdent ne us, il. i anconer inte

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11102		CERTIFICATI	OF DEATH		11091
1. PLACE OF DEATH o. COUNTY BA	LTIMORE	MARYLAND	2. USUAL RESIDENCE (o. STATE MARY)	Where deceosed lived, if institution b. COUNTY	Residence befare admission
FORTHOW		c. LENGTH OF STAY IN 16 9 DAYS	ANNAPOI	utside corparate limits, write RURAL	and give neorest town)
	ADMINISTRATION (If not in hosp		P. O. BO	0x 588	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First RALPH	Middle M.	PHELPS	4. DATE Month OF DEATH AUGUS	
MALE	WHITE WIDOW	WED DIVORCED	B. DATE OF BIRTH APRIL 11, 18	last pirthday) /	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (G during most of working life SALE SMAN)	ive kind af wark dane (16 , even if retired)	OB. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (County CLINTON, MA 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY? U.S.A.
ROBERT W.	ILLS ADMED FORSESS	16. SOCIAL SECURITY NO. 17.		BSON PAIMER Address	
(Yes, na, or unknown) (If	yes give war or dotes of service) WW I	194 09 04 48 CI		VA HOSPITAL, FI	
	H (Enter anly one cause per lin WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	EREBRAL VASCULAR	occusion		INTERVAL BETWEEN MONTANS DEATH
Canditians, if any, w rise to immediate of stating the underly	hich gave ouse (o), and cause but to	RTERIOSCLEROTIC V	VASCULAR DIS	SEASE	YEARS
PART II. OTHER SIGN	FICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PEREORMED? YES A NO
20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)	
20c. TIME OF INJURY Haur a.m. p.m.	19 . 0	While Not While fac	CE OF INJURY (Home, farn tary, street, affice bldg., etc.		(County) (State)
3411 1110 0000	that (this haspital) passed alive an	trended the deceased fram_ 17/66_19, and the	8/8/66 , at death accurred at	2:50AM, fram causes an	nd an the date stated above
22a. SIGNATURE	oldet,	Ragny	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
NAME (Type)	SHELDON E. KAI			T HOWARD, MARYL	
230 BURIAL REMATION, REMOVAL Specify	8/ZZ/66	23c. NAME OF CEMETERY OR	N NATLI	23d. LOCATION (City or Town	(County) (State)
24. FUNERAL DIRECTOR	MBERS 00.11	Ve wash be		ALLO	Acharla O

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Campletaly filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye-cerbon papers. Pages I and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and in any event, within 72 hours after death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

\$350 W. S.		
100000000000000000000000000000000000000		

		PARKET		processi	
		BUIDTAGEA	TEN. 6	to Air	
		1 o. 30x 586			u Marcu v
IC TORK		AND BURE		LAK	
	J.			270.00	
		0110110	anderse, Aug		ę
		L TOTAL COLOR		uguana.	A THREAD
e istialisti is		NAME OF STREET	to 84 ylo go Agy		
K (GLATOL VI KUN			10 84 40 00 40s mannay program		
		ozemezo.			
11.00 As	, ameri	ozemezo.	cumpling area.		
ANAY					
ALUTA:					
ALUTA:					

4	1()	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1		11103 CERTIFICATE OF DEATH 19490
	death.	1. PLACE OF DEATH Item 9 Film 0300 9/113/ USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)
	er d	a. STATE Manufacture b. COUNTY Ralta
	after the ges afte	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURA) and give nearest town)
	24 hours after death filled in by the funeral apers. Pages 1 and 2 hours after death	write RURAL and give nearest town) Courson (atonsville
	filled papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		lowson (onvelescent Home 1333. Prospect Ave. YES NOWE
	retained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permite. Then please remove carbon plant the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED 4. DATE MONTH DAY YEAR
	d v mpl cal	(Type or print) //ary Henry Pike DEATH August 30 1900
	executed an and cor e remove in any eve	7. MARKIED NEVER MARKIED 1 O. BALL OF
	exect n and remo n any	Lenale white WIDOWED DIVORCED Dept. 14, 1871 19594 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	e be sician lease and ii	during most of working life, even if retired) INDUSTRY
	cate be physician please ral, and in	housewife own-home Wisconsin USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	certifica nding ph Then I removal	4 . 1 . 11
	end ce	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	书 是 。	(Yes, no, or unkown) (If yes give war or dates of service) 720 -48-6120
	the the ration	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	hat the death ician. The atternation of the atternation permit is cremation, or it cremation, or it is the atternation or it is at a second or it is at a sec	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	s that the ysician. gned by ial-transial, cremial, cremia	IMMEDIATE CAUSE (a) CONTROL OF THE CAUSE (a)
	ires that physici signe burial-t	Conditions, If any, which DUE TO (Interiosclerosis —
	ding plans peen the part to be	gave rise to immediate cause (a), stating the DUE TO
	ttendii has be as th prior	underlying cause last. (c)
	he lay	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	t: The late or at ficate he for use Health	YES NO LE
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, crea	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 4 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	YSIC hos lis class lache	
	NG PHYSIC by the hos offer this complete detache State Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 100c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
	d by the d be d be d be d be d	
	ined ined ined ined ined ould ould the	21. I certify that (I) (this hospital) attended the deceased from Co., 1963, to The 30, 1966, that (I) (ma) Jasi
	OR ATTEN / be retain DIRECTOR: Ige 3 shouled with the	saw the deceased alive on 196, and that death occurred at 930 M, from the causes and on the date stated above
	be d v	ATTENDING TO MED. TO STAFF TO 9/1/6
	TAL OR May be AL DIR page e filed	22c. PHYSICIAN'S / 122d. ADDRESS
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fill	NAME (Type) LAURENCE C. POSI
	Page Page For Thou	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	5 5 0	Chromoment 9/2/00 Lovraine Park Woodxawn, Pa.
	a	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	John Burns Ins 610-12 Yark Rd. Towson DATE SEP 8 1856 Jelianles Judge
	20111 1/00	

The agreement of the A-Olympia and scale and

1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYI	LAND.
0	.f. [82].f.		11104 CERTIFICATE OF DEATH	092
	death. funeral and 2 and 2 death.	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE b. COUNTY	before admission)
	after the faces 1 after		Baltomore, MARYLAND Mandland Baltoman	e /
		H	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give	- 11
	hours d h b rs. Pa	-	BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. C. STREET ADDRESS	e. IS RESIDENCE
	2 =====================================		Baltimore County General Hospital 4101 Liberty Maryland	ON A FARM?
	completely vectorized within	3.	NAME OF First Middle Last 4 DATE Month Day DECEASED (Type or print) L Sacc Portney DEATH 8 10	Year 19 66
	executed and com remove	5.		
	e be execu sician and lease remo and in any	1Da	Da. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR LIBERTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	OF WHAT
	ficate be physician please wal, and in		SUPERVISOR ELECTRICIAN STATE RUSSIA US	A
1	th certificate trending physical trending physical. Then ple or removal, a	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	ding Th rem	15	NATHAN PORTNEY 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	4 55 2	(Yi	res, no, or unkown) (If yes give war or dates of service) NO MRS. IDA PORTNEY 4101 LIBERTY HEICH	TS AVE.
	the a	=		RVAL BETWEEN
	- > S =		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbian area ONS	ET AND DEATH
	i law requites that the attending physician. I has been signed by se as the burial-trans. In prior to burial, crem		4201 DUE TO 0 7	-
	ires phy phy buri buri		gave rise to Immediate (b) Coule Myoraran Syfarchia	
	law requires ttending phys has been sig as the buris prior to buris		cause (a), stating the DUE TO	
	law tten has as pric	NO	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY
	The cate r use ealth	CATI	YE	PERFORMED?
	TE TE TE	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	2 0 0 0 E	MEDICAL	20c. TIME OF INJURY Month, Day, Year Not While p.m. 19 20d. INJURY OCCURRED Not While at work at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(State)
	ATTENDIN retained to CTOR: Aft should by	-	21. I certify that (I) (this hospital) attended the deceased from 8/4, 1966, to 8/10, 1966 th	nat (I) (we) last
	OR ATTENDII be retained IRECTOR: At ge 3 should sed with the S		saw the deceased alive on 8/10 1966, and that death occurred at JPM, from the causes and on the date 22a. SIGNATURE 22b. DATE SIGNATURE	e stated above.
	be 1		OLE DOCK M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	GIVED
	TAL May AL page e fille		22c. PHYSICIAN'S 22d. ADDRESS	
	HOSPITAL Page 4 may FUNERAL director, pag		NAME (Type) DE JOY BALTIMORE COUNTY GENERAL HOSPIT	AL
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23	33. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	0	24	BURIAL 4. FUNERAL DIRECTOR 8/12/66 LIBERTY PARK BALTIMORE, MARY LAN ADDRESS 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
	VR A15 (4)		SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN DATE AUG 12 1966 Policyles	Judge
	2DM 1/65		MALIN INC. INC.	

...

A STATE OF THE CHARLES WIT SEED AND SEED AUG ... SHE CONTRACTOR LANDER FOR IT THE COLUMN TO SERVICE THE TREE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH d 2 ath. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 11 Institution: Residence before admission) e. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours hours Baltimore invoce -12 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET AOORESS e. IS RESIDENCE ON A FARM? Rd. 505 Dunkirk 505 Dunkirk Rd. NO YES executed within letely pou NAME OF Month Middle Last DATE Oay Year DECEASED 1966 John A. Power (Type or print) and comple car DEATH August AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE OATE OF BIRTH 7. MARRIEO NEVER MARRIED any Male WIOOWED X DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician pe during most of working life, even if retired) INOUSTRY Revenue Clerk Internal Maryland death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then remova Elizabeth Canty Nicholas Power 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Paul Brehm 505 Dunkirk Rd. None Mrs. J. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] that the ONSET AND OFATH al-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). gned been seems, the buria, burial, t DUE TO requires Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last. as WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE 19. CATI certificate NO F YES PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 0 the 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should iled with the saw the deceased alive on 20 1966, and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNED ATTENOING STAFF page MEO. DIRECTOR TO HOSPITAL FUNERAL PHYSICIAN'S 22d. AOORESS director, p NAME (Type) York Rd. Baltimore. O'Donnell 7501 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. OATE THEREOF 23a. BURIAL, CREMATION, 8-18-66 Cathedral Baltimore New AOORESS REC'O BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. 1966 York Inc. 6500 Home. VR AIS 20M

ECO11 anomic interpret to the contract to the contra Stor Ivania, State of the State . BU ANTHON THE 505 DUNELFIL SIG. Tokan Ci a majur 15, 1 de everyone, was a series at the series Clark Strain Lawrence The Control of the Control h vanso nasasi. Santa Carlo Car The secretary of the contract of the contract of the secretary and market 1 6-18-66 Max Velgodrel 2 115-66 Max Velgodrel Educated Linested nome, Inc. 0500 Nor, Ald J. Has presented the second

	MARYLAND STATE DEPARTMENT OF HEALTH _ DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 20£	11106 CERTIFICATE OF DEATH
requires that the death certificate be executed within 24 hours after death, ding physician. been signed by the attending physician and completely filled in by the funeral the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 or to burial, cremation, or removal, and in any event, within 72 hours after death.	1. PLACE OF DEATH a. COUNTY BALTIMORE 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. STATE MARYLAND b. COUNTY BALTIMORE
urs after n by the f Pages 1 ours after	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) BAYNESULLE 2/234
ithin 24 hours a stely filled in by bon papers. Pag within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? ON A FARM?
ithin etely 1 bon p within	3. NAME OF DECEASED (Type or print) PREDERICK PRENDERGAST DEATH AND 22 1966
executed within and completely remove carbon in any event, within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
e execut an and c e remov in any e	MALE WHITE WIDOWED DIVORCED MAY 23,1914 Bet birthday) Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1 AL. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
mysician please r	KAILROAD - KET (NOUSTRY R. OHIO)
ding ph Then removal	13. FATHER'S NAME JOHN PRENDERGAST MIRIAM GRAF
e death certific the attending it permit. Then nation, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 8513 WATER OF VES. 10, or unknown) (If yes give war or dates of service) 282-16-1407 LESS/E T.PRENDERGAST. 604-0, 21234
HYSICIAN: The law requires that the deat the hospital or attending physician. this certificate has been signed by the at letached for use as the burial-transit permit Dept. of Health prior to burial, cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: A TEN ONSET AND DEATH ONSET AND DEATH
s that ysicial igned rial-tra	4200 DUE TO
The law requires that to a stending physician. The has been signed be use as the burial-transalth prior to burial, cre	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO
law requi attending has been e as the b h prior to l	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
V: The tal or a ificate for use Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH
the hospital the hospital this certific detached for e Dept. of H	
O	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour e.m. While Not While at work at work at work
OR ATTENDING be retained by INECTOR: After te 3 should be ed with the Stat	21. I certify that (I) (this hospital) attended the deceased from
AL OR ATTI nay be reta L DIRECTO page 3 sho filed with	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 23 Huy 66
Page 4 may FUNERAL I FUNERAL I director, pag	22c. PHYSICIAN'S NAME (Type) Larry G Tilley, M.D. 22d. ADDRESS 1713 Taylor Avenue
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Durial Yugust 20, 1900 Arlington National (em. Arlington, Virginia 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4) 20M 1/65	John Burns' Sons, Towson, Maryland 21204 DATE AUG 29 1966 Judge

Lubil V annat V aller Viller, M.D. V 1713 Taylor Viller Viller which is a secretary was a long to replace if any of the wey with an With Colons Times (colons) a conference which is the colons of the colon

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11095 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death sician and campletely filled in by the funeral please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY
Baltimore Maryland 21206 b. COUNTY Bal-timore-MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph's Hospital 5401 Mayview Avenue YES NO 3. NAME OF First Middle 4. DATE Month Year PROCHASKA DECEASED 30 Andrew Charles August 66 19 (Type or print) DEATH 8. DATE OF BIRTH S. SEX AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 🔽 NEVER MARRIED Months Days Hours 11-25-94 and in any WIDOWED DIVORCED male white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? Czechoslovakia Crown Cork & Seal ret-machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vaclav Prochaska unknown 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give war or dates of service Emma Schaub, dght. above -01-0414 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
terminal INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH terminal carcinomatosis IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove cancer of pancreas rise to immediate couse (o), DUE TO far use as the b f Health priar ta b stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached far use State Dept. af Health NO K 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) factory, street, office bldg., etc.) Nat While While at work at wark 21. I certify that (1) (this haspital) attended the deceased from August 26, 19 66, to August 30166, that (1) (we) last saw the deceased alive on August 30 1966, and that death occurred on 0:25% from couses and on the date stated obave. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. August 30,1966 DIRECTOR directar, page 3 shauld be filed M.D. PHYSICIAN'S Ramon P. Lopez York Road Baltimore 21204 Md NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 9/3/66 Bohemian National Cem Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 SWIFAT PIFFFFER Funeral Home, APPRESS. VR A15 (4) 20 M 1/66 Mianley 1966 3331 Brehms Lane

1 8 47	SHILL DROUGHER TO STATE SEED	5011
		event fac
	never set in a second	# did blings
	AND APTACH TOLK	Jethad slaceso .tl
		against the state of the state

	ach shimon to be (Shiron)	
	AMAZO EIG TO TEOREM	
The Print GO IDC Street A	# 700 P OS THERE A THE BEST OF STREET	
El 49a E moni i cello bi		0 1 more 4 10 more 4

1		It	ems 18-2	Pilm 38 Division of STATIST	0 9-9-1	MARYLAND ST	TATE DE	PARTMENT OF	HEALTH	DE MADV	AND 01001	
FOR S	TATE NO		11108					CERTIFICATE		JRE, MAKT		096
HEALTH	DEPT.	1	PLACE OF DEATH)	MLD	TOAL EXAMI	ITEN 5	2. USUAL RESIDENCE		lived if institut	4	- 0 7 0
3 to Poge	₽ ÷		o. COUNTY	Baltimore	9	MA	RYLAND	o. STATE	laryland	b. COU		ore duminosions)
deloy and 3 A3. Pog	deoth.		CITY OR TOWN (I	f outside carparate limit give nearest town)		c. LENGTH OF STAY		c. CITY OR TOWN (If		imits, write RŪ	RAL and give near	est town)
any delo	Department is ofter deat		FOR	THOWAK	D				Baltimo	re	30	1-4
S	e Stote Dep		d. NAME OF HOSPITA	Fort Howa	giphospital gard Hos	pital_		d. STREET ADDRESS	4717 Ho	mer Ave	e.	e. IS RESIDENCE ON A FARM? YES NO
death Pag with	(5/5)		NAME OF DECEASED	Fi	-	Middle		Lost	4. DATE OF	Mon		oy Year
ofter death. 8. Give Page along with fa	E 5		Type or print)	Char 6. COLOR OR RACE	7. MARRIED	E.		Punt B. DATE OF BIRTH	DEATH	8 GE (In years	20 I IF UNDER 1 YEAR	19 66
s off	with	J	male	white	WIDOWED	NEVER MARRI	ED 🔀	5/5/0	7 7. 10	GE (In yeors post birthdoy) 59 yrs.	Months Doys	
hours Item 1 Office	ond 2 event	100	USUAL OCCUPATION	(Give kind of work done	10b. KII	ND OF BUSINESS OR	424	11. BIRTHPLACE (Sto			12. CITIZEN	OF WHAT
	poges lo in any e		ng most of working	ire, even it retired)	INL	DUSTRY		MARYL	AND		4.3	? A.
l within 24 n pencil in Examiner's	pog in g	13.	FATHER'S NAME	0 0				14. MOTHER'S MAIDE	. 1			
d wi in pe Exar	File	15	DWARD	R IN U.S. ARMED FORCES?	14.5	OCIAL SECURITY NO.	17	MANZ INFORMANT	ELLA	HA	RBAU	94
utec ng" i	permit.	(Ye		(If yes give war or dotes o	f convice H	3-10-740		ARY A	TNVRF			R AVE
nould be executed word "pending" in the Chief Medical E	ansit permit. or removal,	h	18. CAUSE OF DE	ATH (Enter only one cou				iny / i	1/14/11-		11	NTERVAL BETWEEN
be 'pe			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) Bro	nchopneu	monia	complica			rebral	ONSET AND DEATH
e should the word to the Cl	o burial-tr cremation,		Conditions, if ony,	Which gove	TO				in;	juries		
the to	bur		rise to immediate	e couse (o),	(b)		-					
ing t	as o I, cre		stoting the under lost.	lying couse	(c)							
s certificate e, writing th forwarded to	used as burial, a	N	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE (CONDITION GIVEN I	PART 1(o)	11	9. WAS AUTOPSY PERFORMED?
This icate, be fo	p to	ICATIC	OO EVERNAL CAL	UCT 1416	Louise			,				YES 🔀 NO 🗌
*= T3	s. ould prior	A CERTIFICATION	20g. EXTERNAL CAI PRIMARY ☐ or CON CAUSE OF DEATH.	ITRIBUTING 🗗	В	eaten		(Enter noture of injury				
	- co =	MEDICAL	20c. TIME OF INJU	RY Month, Doy, Yeor	and at	JURY OCCURRED Not While	20e. PLA fact	CE OF INJURY (Home, fory, street, office bldg., e	orm, 20f. (C	ity or town)	(County)	(Stote)
AL EXAMINER: execute the cert	Pag a	2			ot wark	ot work				-rur		
AL exec	ained for y IRECTOR: Po designoted		death result	that I took charge	l causes	Accident		ide , Homicie		termined m		nd in my opinion
MEDICA leose ex director.	REC REC lesig			1 . 0 .	/	, Accounting	1, 5010	-	AL EXAMINER		Idililei	
Ple di	L DI		SIGNATURE	ulrul	h.	Zni	/-	M.D. ASSISTANT N	MEDICAL EXAMINER	×		22. DATE SIGNED
O DEPUTY necessary, the funeral	5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S NAME (Type)	Wowner II	C	N.D.	7		eet, city, town, or c	nunty)	8/22/	66
DE eces	SE E	230	BURIAL, CREMATIO			M.D. 23c. NAME OF CER	METERY OR			ION (City or To	wn) (Coun	ty) (State)
2 = =	5 = D	B	REMOVAL (Specify)	8/25	-166			NATIONAL		more		
		-	FUNERAL DIRECTO	2	6009	HADDRESS	Pear	2So. RE	C'D BY REGISTRAR	2Sb. RE	GISTRAR'S SIGNATI	RE
6	M 1/66	Ko	BERT C.	ALTENBURG	FUNE	RAL HON	78	DATE	AUG 25	1966	Milarle	& Judge

acoustic language and the second second THE SECURE LUES SHELLT S KNUT YSKELD ELT THEFT many the term of the second of MARYLAND STATE DEPARTMENT OF HEALTH

THOUSE THE PROPERTY OF THE PRO ATTENDED TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE S

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11110 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE b COLINTY o. COUNTY Baltimore death. Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pup PM3 Elkton, Maryland llmth15dva Catonsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS **h28** North Street HOSPITAL GROVE STATE SPRING YES NO IN Item 18. Give Pages after death. 3. NAME OF Middle 4 DATE First Lost Month Dov Year the St DECEASED along August 16 W. 66 Reed Tacye DEATH VITTE (Type or print) IF UNDER I YEAR IF LINDER 24 HRS S. SEX B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED = lost birthdov) Months Dovs Hours Oct. 2, 1886 DIVORCED WIDOWED white female event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) Maryland any unknown 14. MOTHER'S MAIDEN NAME pencil 13 FATHER'S NAME This certificate shauld be executed within = Anna R. Reeder William J. Reed pup 17 INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) removal Records: SPRING STATE HOSPITAL 220-46-2338 GROVE unknown INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute cardies failure ъ IMMEDIATE CAUSE (o) s a burial-tra crematian, o e, writing the ward farwarded to the Ch DUE TO Conditions, if ony, which gove Arteriosclerotic cardiovascular disease rise to immediate couse (a). DUF TO stoting the underlying couse burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Intertrochanteric fracture of left femur the certificate, to pe 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) On 7-18-66, pt. 20o. EXTERNAL CAUSE WAS agent, priar PRIMARY Or CONTRIBUTING fell sustaining intertrochanteric frac. of left femur CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year hospital Not While ot work of work Catonsville, Md. 7-18 19 66 please execute 11:00 200 designated Inspection Inquiry and in my apinian 21. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: /Natural causes Undetermined manner Accident Suicide Hamicide funeral directar. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER D 8-17-66 **EXAMINER'S** George M. Kieffer, M.D. Address (Street, city, town, or county) Health NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) 0 BUR LA (Specify) 8/18/66 OSEBANK CEMETERY CALVERT. MD. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) 1966 Funerals. Elkton.

11098				4
	Signal version	AUR THE TOTAL		
à àt mouse		and with		
	T Decay a rod		4. W	Heat I
	Employment			
	THE PARTY OF		Soul A soul	
	econiza Largres (a Gress D	dignaturo (della		
	Time of the first of the contract of the contr	resourt company	anstal	
.b. jetib	Lotters Lotters			0:11
Marine of the Alberta		Walter Street		
				40

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnoys after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara decessed lived, if institution, Residence before admission) e. COUNTY 24 hours b. COUNTY Baltimore Maryland MARYLAND deat and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) after = Owings Mills Baltimore Pages yrs. within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours a ON A FARM? Rosewood State Hospital Park Heights Ave. completely YES NOCK papers. 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH 2 Minnie Pearl REESE 24 1966 carbon within 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Months Female WIDOWED [Negro DIVORCED certificate physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) North Carolina Dependent none U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending and John Barnes Frances Barnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Rosewood Records, Owings Mills, Maryland none permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY RK IMMEDIATE CAUSE (e) cremation, the burial-transit geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION use as PERFORMED? prior NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert 1 or Part II of item 18.) detached for OR CONTRIBUTING TO CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) fectory, streat, office bldg., etc.) While Not While Hour em p.m 19.59 to.... 8/24 , 166., that XI) (we) last 21. I certify that 2) (this hospital) attended the deceased from.... P19.66..., and that death occurred an OOM Pladition the causes and on the date stated above. saw the deceased alive on. shoul 22e. SIGNATURE 22b. DATE ATTENDING MED 8-25-66 death. Page 4 PHYS. DIRECTOR PHYS. M.D. HOSPITAL page with th 22c. PHYSICIAN'S 22d. ADORESS NAME (Type) Rosewood State Hospital, Owings Mills, Md filed v Zsolt Koppany 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) O.F.B OH 6 OSP WOOD DULIA 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE SEP 1966 ersTown

MARYLAND STATE DEPARTMENT OF HEALTH

20M 5-63

ARREST AND - owl shallow Name Call thirte- miab Bruiterall , Bilishes and a second Benumble one 1968 1966 Warten Company

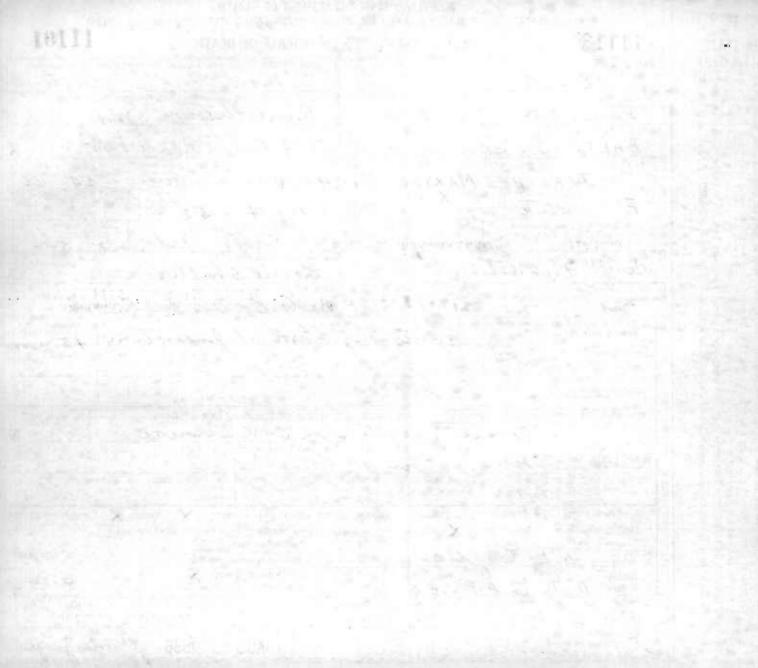
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11112 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the attending physicion ond completely (illed in by the funered sit permit. Then please remove common papers. Pages I and PLACE OF DEATH o. COUNTY
Baltimore o. STATE b. COUNTY Maryland MARYLAND papers. Pages hin 72 hours afte b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 27274 Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2510 Halcyon Avenue St. Joseph's Hospital NO X 3. NAME OF 4. DATE Doy Year DECEASED (Type or print) 1966 Rheb August 20. John Albert DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost pirthdoy) Hours June 4, 1892 White and in any Male WIDOWED DIVORCED 11, BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired Govt. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Albert J. Rheb. ecelia Duitcher 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ng, or unknown) (If yes/grye war or dates of service) Mrs. Irene J. Rheb Same. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Generalized Peritonitis IMMEDIATE CAUSE (o) __ DUF TO signed Conditions, if ony, which gove Confluent Lobular Pneumonia rise to immediate couse (a). Status 8 days post colostomy stoting the underlying couse Poge 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been for use os the for rectal carcinoma lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form. 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While of work ot work 21. I certify that (I) (this haspital) attended the deceased from August 9, 1966, to August 20, 1966, that (I) (we) last saw the deceased alive an August 20, 1966, and that death accurred at 1:45 M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. August 20,1966 M.D. director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Rd. Baltimore, Md. 21204 Govinda Rao 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Parkwood (emetery 258. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE AUG 23 Ruck Inc. Balto. Md. 21214 19\$6

But II mer le august ... bast francisco. the black professional trees the The rectal carrier dotte dotte The second secon The Course of th The second of the second of the second second second second

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY death h. COLINTY at MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstyon d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDEN ate De Item 18. Give Pages 1, Office alang with farm ON A FARM? CO. GENERAL 3. NAME OF DECEASED OF DEATH with the S SFX AGE (In years last birthdoy) IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Months WIDOWED DIVORCED event N 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY > COUNTRY? pending" in pencil in of Medical Examiner's HOUSEUITEE 13. FATHER'S NAME Earna Shi and 16. SOCIAL SECURITY NO. 17. INFORMANT RICHMONDS 3634 PASKINEPL. (Yes, no, or unknown) (If yes give wor or dates of service remaval. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ar IMMEDIATE CAUSE (o) certificate should crematian, DUE TO Conditions, if ony, which gove farwarded ta rise to immediate couse (a). DUE TO stoting the underlying couse burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS PERFORMED? NO 20b. DESCRIBED OW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. EXTERNAL CAUSE WAS agent, prior PRIMARY Or CONTRIBUTING -CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page While Not While of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry 🔀, and in my apinian directar. death resulted fram: Natural causes X. Accident ... Undetermined manner Suicide [Homicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** funeral O DEPUTY necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health Address (Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 8/25/66 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE AUG 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY BALTIMORE C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Pag hours #34 BALTIMORE lowson .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 GREATER BALTIMORE MEDICAL CENTER 2823 ONYX ROAD NO X YES letely pou NAME OF First DATE Middle Last Month Day Year DECEASED comple ve cart event, (Type or print) DEATH 25 KABINSON 19 4 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and c last birthday) Months ! Days Hours any MALS WIDOWED [DIVORCED 6 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY hysician please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? RETIRE PHOLSI certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME ROBINSON MILFORD MULLIKIN the attendition it permits 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, nd, or unkown) | (If yes give war or dates of service) Address Catherine Rabinson (Same) cremation, XXXXXXXXX 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH l-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) n signed burial-tra burial, cr DUE TO Conditions, If any, which (b) peen gave rise to Immediate the r DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? NO F YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) D 0 I be detached State Dept. o (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. 19 at work at work should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred at 8 45AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE page filed PHYS DIRECTOR PHYS. PHYSICIAN'S FUNERAL 22d. ADDRESS director, p NAME (Type) CHARLE LOIS MARY ACHIMOVICH 701 BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
Burial Holy Redeemer Cemetery Baltimore, Md. 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR **FUNERAL DIRECTOR** ADDRESS 25a. Leonard J. Ruck Inc. Balto. Md. 21214 1966 VR A15 (4) DATE 20M 1/65

CARL CHARLES TO SEE

nonnicial opinadia), in 1 lognided onlinedie

during B/20/66. Hely Medannin Cometry Saltimore, Mc.

distant of the line in the state of

SALARS DE LA COMPANION DE LA C

i or			1111	C			CLRII	ITCAIL	OI DE	AIII				TT	Tille	
death.			LACE OF DEATH					1.15	2. USUAL RI	ESIDENCE (W	/here deceo	sed lived, if instit	ution: Reside	nce before	odmissio	n)
de de	511		. COUNTY	Rolt:	imore		MAI	RYLAND	o. STATE	Mary.	land	b. C0	UNTY P	rince	Geo	TPA
haurs after death by the funeral s. Pages 1 and	,		CITY OR TOWN			ς	c. LENGTH OF STAY		c CITY OR T			ote limits, write F				-6-
the the ages	2		o. CITY OR TOWN write RURAL o	nd give neo	rest town)	٥,						ne minis, wine r	OKAL ONG 91	ve neoresi	io willy	
by de	2		Cato	usatt	T6		Lyrlmth	T5dAa		attsv.	ille			/	C DECID	Z ENCE
4 h	7						, give street oddress)		d. STREET AI					6	IS RESID ON A FA	RM?
nin 24 hau filled in b papers.	10	2	PRING	GROVE	STAT	E HOS	PITAL		400	2 Ing:	raham	Street		1	ES 🗌	NO 🕞
# × ×			NAME OF		Fi	rst	Middle		Lost		4. DATE	Mo	onth	Doy	Yea	r
campletely fi	-		Type or print)		Wil	Liam	E.		Rod	gers	OF DEATH	Aus	gust	15	19	66
cuted v		S.	SEX	6. CDLOI	R OR RACE	7. MARRIEI	NEVER MARRI		B. DATE OF BII	RTH		. AGE (In years	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.
500			male	wh:	ite	WIDOWE	sep DIVORC		Feb. 1	1 10	25	lost birthdoy)	Months	Doys	Hours	Min.
ician and camplease remove	5	100	USUAL OCCUPATION				KIND OF BUSINESS OR					reign country)	1 12. 0	ITIZEN OF	WHAT	-
n d			ng most of working	g life, even if		700.	INDUSTRY			,				OUNTRY?		
ote b	5	10	grocer				grocery		W.	ashin	gton,	D.C.	U	S.		
hys hys	<u>`</u>	13.	FATHER'S NAME						14. MOTHER	na						
g p	3	100	Robert						-A	nna B	eatle	7				
를 를 그	<u> </u>	15.	WAS DECEASED E	VER IN U.S. AI	RMED FORCES?	f corvice)	S. SOCIAL SECURITY NO.		NFORMANT	150.2			dress			
he death certificate to attending physician permit. Then please	5		nknown) (ii fes give	5 WOI OI GOIGS C) service)	579-18-497	7 Re	cords:	SPRI	NG G	rove si	ATE	HOSP:	TAL	
physician. physician. signed by the attending physical-transit permit. Then planting crements or removed.			IB. CAUSE OF	DEATH (Ente	r only one cou	se per line f	or (o), (b), ond (c).)								RVAL BETY	
physician. signed by the burial-transit physicial			PART I. DE	ATH WAS CA	AUSED BY: MEDIATE CAUSE	(0)	syocardial	infar	ection					ONS	ET AND D	AIH
than by	5		4201	114411	DUE											
physicic signed burial-tr	<u> </u>		Conditions, if or	y, which go		(b)										
phy sign	5		rise to immedi			, ,										
low rending	2		stoting the und	lerlying cou	se C											
tending as been as the	5		_	CIONIFICANIT	COUDITIONS	(c)	TO DEATH BUT NOT R	LATER TO T	TEDANNAL	DICTACE CON	DITION CIV	TAL IAL DADT 1/-1		110	WAS AUTO	VDCV
offer as has as as a se as		NO	PART II. UINER	SIGNIFICANT	CONDITIONS C	UNIKIBUTING	TO DEATH BUT NOT K	LAIED IO I	HE TERMINAL	DISEASE CON	DITION GIV	EN IN PAKT I(0)			WAS AUTO PERFORME	
IAN: The al ar at icate ha for use Health	2	CERTIFICATION												Y	SK	NO L
aspital ar certificate hed for u		RTE	20o. ACCIDENT W			205.	DESCRIBE HOW INJURY	OCCURRED.	(Enter noture o	of injury in I	Port I or Po	rt II of item 18.)				
SICI Spitch sertified the			(IF EITHER, NOTIL													
by the haspit the haspit the this certi be detached	2	MEDICAL	20c. TIME OF IN	JURY Month	n, Doy, Yeor	1	INJURY OCCURRED	20e. PLA0	CE OF INJURY	Home, form	, 20f.	(City or town)	(0	ounty)	(Stote)
0 # f 8 5	2	ME		o.m. o.m.	19	Whi of w		focto	ory, street, offic	e blag., etc.)						
be be	5		21 cer	tify that	(134) this has		ended the deceased	from	July	3 .1	9- 62	a Aug.	15 . 19	66 th	at A (we) lo
R: /	ב		saw the	deceased	alive an	Aug.	15 19 66,	and that			7:20	na Aug. A, fram cause	s and an	the date	stated	abay
Short Bright			220. SIGNATUR		1 1	1	10				a.			DATE SIGN		
RE RE	\$		NI	ala	19.	BAN	TVen	M.E	ATTENDIN D. PHYS.	G 🕿	MED. DIRECTOR	STAFF PHYS.		3-16-	66	
o de la	<u> </u>		22c. PHYSICIAN	I'S		C. JEUO	The state of the s		22d. AD	DRESS S	PRING	GROVE	STATE	HO	SPITA	L
RAL	D /		NAME (Ty)	pe) Do	onald F	. Bar	tley M.D.			Ba	altim	ore. Mar	yland	2127	28	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificote be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be directed to the plant of the pla	5	230	BURIAL, CREMA	ION T	23b. DATE TH	FREOE	23c. NAME OF CEI	AETERY OR 1	CREMATORY			CATION (City or		(County)		tote)
age FU	2	1	REMOVAL (Speci	fy)	,							lmar M		Md	,	
5 5 0	0	24	Burial FUNERAL DIRECT	TOP ~~		7/66	Fort L	inco	inier	2So PEC'D	BY REGIST		REGISTRAR'S			
VR A15 (4 20 M 1/6	All	24		TASA.	lley's	S	Maryl	and	TIIT GT.	AHG:		166 KC	Lanle			
20 M 1/6	8 000	1	Funer	al II	OTHA T	170 0	THE T Y I	2177		DATE	T O I	100	- Maria	D Xue	10	

SHILL				
อากุลบุรี ปะกระการ	boutgadk		evo Late	
	efficientary my		olive	date
	service appropriate 1905	Jarono		
	ing A eresponi		add the contract	
	A 1 1 254 Lt . 107 F			
	Xaabboqtoo, 1.U	induction (963071
	- co		L. Hodgeen	disolot y
	DE SAMO DE MAS ACCIDANT METADESTE			
	1.100 SERVICE TO 1.100		101	
ACUMENTAL STATE		To Nath	S OF BURNEY	
4				Ü

1 +	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN 11116 CERTIFICATE OF DEATH	ND 4
e funeral 1 and 2 er death.	1. PLACE DF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence bef a. STATE Maryland b. COUNTY Baltimore	
in by the s. Pages 1 hours after	b. CITY OR TOWN (If outside corporate limits, Pikesville Pikesville Yrs. C. LENGTH OF STAY IN 1b Yrs. C. CITY OR TOWN (If outside corporate limits, write RURAL and give no Pikesville	earest town
filled i	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 500 Sudbrook Road 6. ISTREET ADDRESS 500 Sudbrook Road 9. ISTREET ADDRESS	S RESIDENCI N A FARMA NO EX
mpletery carbon ent, with	NAME OF First Middle Last 4. DATE Month Day DECEASED (Type or print) Norma Roycroft DeATH August 21,	Year 19 66
in any ever	remale White Widowed Divorced Feb. 19, 1000 or yrs.	lours Min.
ysician please , and in	10a. USUAL OCCUPATION (Give kind of work done industry) 11a. BIRTHPLACE (County & State, or foreign country) 11b. KIND OF BUSINESS OR industry 11c. CITIZEN OF Maryland 11c. CITIZEN OF Maryland 11c. CITIZEN OF Maryland 11d. MOTHER'S MAIDEN NAME	WHAI
certifica iding ph Then removal	13. FATHER'S NAME Joseph Schindler Louise Appel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
le death cert the attendin it permit. The	(Yes, no, or unkown) (If yes give war or dates of service) 217-14-6835A Mrs. Norma D. Bossa, Same as # 2	N. DETWEEN
s that the deat ysician. Igned by the at ial-transit pern rial, cremation,	IMMEDIATE CAUSE (a) Cardiac failure	AL BETWEEN AND DEATH
een sign burial to burial	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the hospital or attending physician. This certificate has been signed by the attending physician and completely filled in by the funeral detached for use as the burial-transit permit. Then please remove carbon gapers. Pages 1 and 2 bett. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	underlying cause last.) (c)	AS AUTOPSY RFORMEO?
pital pital d fo of H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4	(State)
ATTENDING Pretained by RECTOR: After 3 should be with the Stat	21. I certify that (I) (this hospital) attended the deceased from 4 v 3 1966, to 4 v 3 1966, that saw the deceased alive on 4 v 3 20 1966, and that death occurred at 2 PM, from the causes and on the date s	
may be re RAL DIREC r, page 3 s be filed will	22a. SIGNATURE STAFF M.D. ATTENDING MED. STAFF BY22/66 22c. PHYSICIAN'S 1 22d. ADDRESS	ED
TO HOSPITAL OR Page 4 may be TO FUNERAL DIRECTOR, page Should be filed by	NAME (Type) George E. Shannon, M.D. 4/12 medical stots 13log.	(State)
To Par Physical Part of Part o	REMOVAL (Specify) 8/24/1966 Oaklawn Cemetery Baltimore Co., Marylan	nd
VR AI5 (4)	Wm. Cook-Brooks 121/ St. Paul Street Baltimore, Maryland DATE AUG 23 1966 Closules	noge

50111		if a settered to \$111	
market ways days			
	200121		
	NAME OF THE OWNER O		
	TA STATE OF THE ST	1214	
	ben symbol of the second of		
The state was named	A M. Separa and Allin Africa		
To Park U. S. A.			
Section Constitution of the Constitution of th			

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1105

EALTH	DEDT				CERTIFICATE OF DEATH	
ICALIT	DEFT.			PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if instit	
oy is 3 to Poge	tof			13.4/to. MARYLAND	o. STATE M.D. b. CO	UNITY BAIte
	dec		ŀ	c. LENGTH OF STAY IN 1b write RUPAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write R	RURAL and give nearest town)
ond ond	urtn ter			TOWSON MINUTES	TOWSON	0 = 1
2, 2	e po		(1. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
death. If Pages 1, with farm	State Department of 2 hours after death	8		St. JOSEPH'S HOSPITAL	27B-T- DUNUAL	ON A FARM? YES NO T
Pag ith	200			NAME OF First Middle	Lost 4. DATE Mg	nth Day Year
after death. 8. Give Page along with f			(Type or print) LOSEPH	RVAN DEATH 8	11 1966
after 6 8. Give along	with with		S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR Manths Days Haurs Min
	STE /	-	1	VIAIE WIDOWED DIVORCED	0-14-03 62 Yrs.	Manths Days Haurs Min
hours Item 1 Office	lond2		10a. durii	USUAL OCCUPATION (Give kind of work done ng mast af warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
4 - N	poges 1 in ony	1		Machinist Die Manufacturi		U.S.A.
within pencil camine	poges in ony		13.	FATHER'S NAME John Ryan	14. MOTHER'S MAIDEN NAME	
wit pe xan	File				Clarissa Douglas	
in in			IS. (Yes	and ar unknown) (If yes give war ar dates of service)		fress
executed within 2 ending" in pencil ir Medicol Examiner	permit. moval,			158-14-0315 Mr	s. J. Ryan 27 Dunvale R	d. Towson, Md.
e execute pending" ef Medicol	used os o buriol-transit permit. buriol, cremation, or removal,			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:	2-21/1/2 /	CONSET AND DEATH
Thie	rans			IMMEDIATE CAUSE (o)	19 (0010511	1) down
word the C	buriol-transit mation, or re			4201 DUE TO Conditions, if any, which gave)	/Altan Da	161
sh of	bur			rise to immediate couse (a)	Hilly /1sed	20-4/12
icote ing th ded to	cre cre			stating the underlying cause DUE TO		
ertificate st writing the worded to	d os iol, c		1	, (1)		I IA WAS AUTOOSY
0	be used ta burio		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
ER: This certificate, ould be for	ould b		Ĭ	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (I	(Enter nature of injury in Part I ar Part II of item 18.)	
certif ould	hou pr			CAUSE OF DEATH.		
MINER the cer 4 shou	e 3 shi		MEDICAL	Davis and the second of the se	CE OF INJURY (Hame, farm, 20f. (City or town) ary, street, affice bldg., etc.)	(County) (State)
XAI te 1	5 8, 0		×	p.m. 19 at wark at work		
Par Par	CTOR: P			21. I certify that I toak charge of the remains described obave, hel	ld an Autopsy 🔲, Inspection 🖃, Inc	quiry , and in my apinio
e e)				death resulted from: Natural causes , Accident , Suicident , Suici	ide 🔲, Homicide 🔲, Undetermined r	manner 🔲
MED pleose direct	DIRE DIRE			ACTUAL //// Reflection of the second	CHIEF MEDICAL EXAMINER	P
0	its its			SIGNATURE (Malle) Conne	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
sory	IER/	2		EXAMINER'S NAME (Type) Charles F. O'Donnell. M.D.	DEPUTY MEDICAL EXAMINER	8/11/1/
o berui necessory the funeral	O FUNER Health	=		NAME (Type) Charles F. O'Donnell, M.D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	Address (Street, city, tawn, ar caunty) CREMATORY 23d. LOCATION (City or T	1//06
5 g t ~	PE		2.UU.	REMOVAL Specify Aug. 15,1966 Cedar Grove C		
		-	24.	FUNERAL DIRECTOR ADDRESS		REGISTRAR'S SIGNATURE
VR A	15ME (5) M 1/66		W	m. Cook-Brooks Towson 1050 York Road Towson, Maryland		ycharles Judge
		-		Towson, Flary Tano	TTTO ONICE TO A O TO TO	

39111

The part of the state of the st

BERLY HOUSE & FREE MARKETS LAND

Engly the light of the Court Courts of the C

Tank where I also it out the season of the season of

1-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
i. 120 ii.	11118 CERTIFICATE OF DEATH	11106
death.	PLACE OF DEATH COUNTY SUBJECT OF DEATH COUNTY SUBJECT OF DEATH COUNTY SUBJECT OF DEATH COUNTY SUBJECT OF DEATH COUNTY	lence before admission
fter the	BALTIMORE MARYLAND MARYLAND TIMONIUM	1 Balton
rrs a Page rurs a	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE C. LENGTH OF STAY IN 1D C. CITY OR TOWN (If outside corporate limits, write RURAL and BALTIMORE) BALTIMORE	J give nearest town
filled in by papers. Pag	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
0.=	GREATER BALTIMORE MEDICAL CENTRE 124 DAKWAY ROAD.	ON A FARM?
ited within completely ve carbon pevent, within	3. NAME DF First Middle Last 4. DATE Month	Day Year
comple comple ve cark event,	(Type or print) WALTER SALFNER DEATH AVGUST 3. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 Y)	FARIJEUNDER 24 HR
executed within and completely are remove carbon in any event, with	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED 3-31-92 9. AGE (In years IFUNDER 1 YI Months Day Months Months	
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 12. CITIZ COUNTY & State, or foreign country 12. CITIZ	ZEN OF WHAT
cate be physician n please al, and ir	PAARMACIST Selfemplayed BALTIHORE. M.D. U.S.	.A.
certifica Iding ph Then removal	13. FATHER'S NAME WALTER SALFNER Winonia Féhsenfeld	
eath certifi attending ermit. Ther	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address YOUR	k, Penna.
e death certificate be the attending physician it permit. Then please nation, or removal, and i	Yes W.W.1 (If yes give war or dates of service) 218-32-3240A Mrs Russell W. Yost 1800 North Hi	
	DADT I DEATH WAS CAUSED BY	NTERVAL BETWEEN ONSET AND DEATH
nat t cian. ed b ed b tran	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION	
The law requires that the car attending physician. Sate has been signed by the use as the burial-transit alth prior to burial, cremate	Conditions, If any, which (b)	days.
equir ing posen seen he b	gave rise to immediate (1
law requi	underlying cause last. (c)	10 WAS ALLTONSY
l: The land or at ficate health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
_ 0 = 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CO	152 110
PHYSICIAN: The the hospital or this certificate this certificate detached for use Dept. of Health		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) p.m. 19 at work at work	(State)
ATTENDING Pretained by treatined by treatined by treatined by the CTOR. After should be continued by the State on the State of the Stat		that (I) (we) las
OR ATTENDIN y be retained I y be retained I age 3 should I lied with the S	saw the deceased alive on and 3rd 1966, and that death occurred at \$50°M, from the causes and on the	
	22a. SIGNATURE 22b. DATE	SIGNED
	Schelle mac googe M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	CENTOI
O HOSPITAL Page 4 may O FUNERAL director, pa	I NAME (Type) MAC GREGOR GREATER BALTIMORE MEDIC	CAL
TO HOSPITAL Page 4 mai O FUNERAL director, page should be fi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify)	
0	Burial 8-5-1966 Parkwood Cemetery Baltimore, 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	Md.
VR AI5 (4)	Lassa & June 14 of Below Rad (34) DATE AUG 8 1966 Jelian	es Judge
20M 1/65		U

11106 EARMITHA HUMANIT GIRLIPAN 2 DAYS BALTINGRE BAUTITURE SLEATER BALTHORE HEDICAL COLUMN LOAD LOAD. SALFAER BYEUT WALTER Bert. VAC 3-31-92 711 A Z J CH BROHMIAN PARAHER CIST WALTER SALFNER. times in a second to the re-MYCC BEDIRE INFARCTION SLayer Congress let the Dangerth to and 300 and 16 miles washin him at spinet BARGUE MAG BRECOR CLERTER BALTIN CKE HEDIOAL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1107 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY O. STATE M b. COUNTY MORE of deoth. MARYLAND delay and 3 1 partment b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after DUSON NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form hours PLEASANT PUMINS Item 18. Give Poges hours ofter death. 3. NAME OF DECEASED OF DFATH HUG with the (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthdoy) Months Dovs Hours WIDOWED DIVORCED FEB 22, 1935 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ony MARYLAND SCHOOL TEACHER DUCATION pages in ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLAYTON LOUIS ALBRIGHT MADELINE KATHERINE pup 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT certificate should be executed (Yes, no, or unknown) (If yes give wor or dates of service) or removal, 215-30-8578 JOHN BYRD SANN 8542 PLEASANT PLAINS RD IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL RETWEEN buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SUFFOCATION IMMEDIATE CAUSE (o) writing the word cremation, DUE TO be forwarded to the Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 SO buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES NO 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) should agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge ot work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection . Inquiry ond in my opinion or deoth resulted from: Suicide 4 Undetermined manner Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street City May Of Coffee Horas Health NAME (Type) W 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 5 0 REMOVAL (Specify) 8-26-66 ARKWOOD CEM RHWOOD SCLRIAL 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 21204 Ocharles AUG 25 1966 VR A15ME (5) JOHNSON 8521 LOCH RAVENBIND 6M 1/66

The Assessment American Commence of the State of the Stat

	MARYLAND STATE DEPARTMENT OF HEALTH A QUVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, A CONTROL OF THE PROPERTY O
funeral and 2 r death.	CERTIFICATE OF DEATH
n any event, within 72 hours after deat	1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
- [write RURAL and give nearest town) RANGALSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
5	3. NAME OF DECEASED (Type or print) Mannis Middle Last 4. DATE Month Day Year Schlossheng DEATH Schlossheng DEATH Schlossheng DEATH
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TICKET SELLER 10b. KIND OF BUSINESS OR INDUSTRY RACE TRACK 11. BIRTHPLACE (County & State, or foreign country) LIMINGUM UNKNOWN USA 14. MOTHER'S MAJDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. ANNA SCHLOSSBERG 218-18-2993 WASHINGMANNAMAN 3725 PARK HETCHTS AVE
חלוסו לה חתום, מבווומנים, מד	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) State PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.) PLACE OF INJURY (Home, farm,
	21. I certify that (I) (this hospital) attended the deceased from 8-1-, 1966, to 8-7-, 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred at 23 AM, from the causes and on the date stated above. 22a. SICNATURE ATTENDING MED. STAFF PHYS. M.D. PHYS. DIRECTOR DIRE
1	22c. PHYSICIAN'S NAME (Type) M.D. PHYS. DIRECTOR PHYS. PHYS. 22d. ADDRESS
0	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURTAL 24. FUNERAL DIRECTOR 25c. NAME OF CEMETERY OR CREMATORY BETH TFILOH CONG. BALTIMORE, MARY LAND 26. PUNERAL DIRECTOR 27c. NAME OF CEMETERY OR CREMATORY BALTIMORE, MARY LAND 27c. NAME OF CEMETERY OR CREMATORY BALTIMORE, MARY LAND 27c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town or county) (State) BALTIMORE, MARY LAND 27d. PROPERTY OR CREMATORY 27d. LOCATION (City, town or county) (State)
M	SOL LEVINSON & BROS INC., 6010 REISTERSTOWN DATE AUG 8 1966 gcharles Judge

ARE SERVEN SERVERS and a province in the second of the second o THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF CHARLES STATE OF THE PARTY OF T THE PERSON A SERVE THE MARKET THE PARTY OF T

		1		1
1	700	(an)	1000	-
ALL ALLEADING FRISICIAN: The law requires that the death certificate be executed fin 24 hours after a be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely d in by the funeral	ge 3 should be defached for use as the burial-transit permit. Then please remove carbon papers, rages 1 and 2 should		1
hour	y the	nd 2	h the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	-
74	in b	s la	ter d	
The state of the s	P	Page	urs a	
. pel	erel	Sers.	2 hot	
Xecu	ompl	n pag	in 7	
pe	o pu	arbor	wit	
icate	cian a	Ne c	event	
Certif	hysic	remo	any	
eath	ing t	lease	u p	
e d	ttend	d ue	al, an	1
that t	the a	1 1	МОШ	
Siciar	py Py	Dermi	or re	
phy	ignec	nsit p	tion,	
ding	een s	al-tra	гета	
atter	d se	buri	ial, c	
al or	ate	s the	o bur	
ospit	artific	use a	IO.	
the h	his c	Po.	th pr	
9	ffer t	sched	Hea	
aine	R: A	dete	of. of	
e ref	CIO	d be	e De	
(A)	RE	shou	State	
1		6 5	the	
4 0	Q.	O	-	

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 111(); 11121

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)						
1	BO 1 + i mama	a. STATE b. COUNTY						
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Md. Baltimore c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
Н	write RURAL and give nearest town)	c. CITT OK TOWN (If outside corporete limits, write KUKAL and give hearest town)						
	Baltimore 1 year	Baltimore						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE						
)	2300 Poplar Drive	2300 Poplar Drive						
	3. NAME OF first Middle DECEASED	Last 4. DATE Month Dey Yeer						
	(Type or print)Ella E Schmen	ner DEATH Eliquet 28 1966						
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS.						
E	Temale White WIDOWED W DIVORCED 17	7-10-1876 last birthday) Months Deys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	done during most of working life, even if retired) At Home	Baltimore USA						
\vdash	13. FATHER'S NAME	Baltimore USA						
Rel		Lena Buckheimer						
-	Henry Baltz	Lena Duckneimer						
A	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Iffyesgivewerordetesofservice)	INFORMANT Address						
	NO NONE He	elena G.Schmenner Above						
=	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Cerebral her	normage 2 mount						
	33/X DUE TO							
	Conditions, if eny, which (b)							
	geve rise to immediate cause (e), stating the underlying DUE TO							
	cause lest.							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
)		PERFORMED?						
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE	P. (Enter neture of injury in Pert I or Pert II of item 18.)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enler neitre of injury in real to real it of nem to.)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)						
	at week [] at week []	tory, street, office bldg., etc.)						
		6 1 11 6 00 11						
	21. I certify that (I) (this hespital) attended the deceased from							
	saw the deceased alive on	t death occured a.30 M, from the causes and on the date stated above.						
	22e. SIGNATURE	22b. DATE						
	abiaham B. Hurwity	ATTENDING MED. STAFF PHYS. SIGNED						
	22c. PHYSICIAN'S ARRAMAM R. W. 18. 19. 19.							
	NAME (Type)							
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)						
-1.	REMOVAL (Specify)	Cemetery Baltimore, Maryland						
1	4600 Liberty Hghts	Ave. AVG 3 () 1966 Cooples Judge						
3 3	Munth Macost Too Liberty Hights	Ave. DATE AUG 30 1966 yellarlas Judge						

21120202

c/ - - -

Ballings ...

in stanta

DVITE TEROS COC

10. 11.

Became the state of the second state of the se

Constitution of the configuration of the Configurat

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. ane PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) 1. a. COUNTY a. STATE b. COUNTY papers. Pages 1 lin 72 hours after MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours BALTIMORE filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A: IS RESIDENCE d. STREET ADDRESS ON A FARM? rand completely fille remove carbon pape n any event, within 7 MANOR NURSING HOME NO YES executed within 3. NAME DF Middle DATE Month Day First Year DECEASED OF DEATH 8. ENA 15 (Type or print) 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Months Days Hours FEMALE WHITE WIDOWED X DIVORCED [please re l, and in 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) law requires that the death certificate be INDUSTRY COUNTRY? HOUSEWI FE HOME RUSSTA LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova AARON LESDWAK UNKNOWN ed by the attend transit permit. , cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknwn) | (If yes give war or dates of service) CHAPEL 180 W 76th RIVERSIDE CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) burial-ti burial, DUE TO Conditions, If any, which (b) gave rise to immediate the r DUE TO cause (a), stating prior t underlying cause last, 38 (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate PHYSICIAN: The NO X YES this cerum detached fo 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL the TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. While Not While After OR ATTENDING 1 be retained by 1 p.m. 19 at work at work 3 should with the P that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: and that death occurred at 1 A M, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. page M.D. DIRECTOR PHYS. Page 4 may ADDRESS PHYSICIAN'S 22d. 22c. director, NAME (Type) (State) CEMETERY OR CREMATORY 23d. LOCATION (City, 'town or county) BURIAL CREMATION. 23b. DATE THEREDE 23c. NAME OF REMOVAL (Specify) L.T. DAVID 116/66 REGISTRAR'S LIGHATUR FUNERAL DIRECTOR ADDRESS VR A15 (4) & BROS INC. . 6010

MARYLAND STATE DEPARTMENT OF HEALTH

15M 4-64

A distance is made to the call and MALLE PARAL PLAN
DANIEL PARAL, A.D. SING LOS HONER DK, PAREZ HE. AND LEADING TO A STREET THE STREET AND LEADING TO BE STREET, AND LEADI

			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
	= 60E	1	11123 CERTIFICATE OF DEATH	IIIII
	hours after death d in by the fuperal rs. Pages Inner	1.	PLACE OF DEATH a. COUNTY Baltanol MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence in the country because it is a state of the	sidence before admission)
	in by the hours aff	133	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ballemae 2/2/4	and give nearest town)
0	fille pape in 72	6	Reater Baltinal Medical Center 3002 Bayonne are.	e. IS RESIDENCE ON A FARM? YES NO
	executed within and completely remove carbon prans event, within			Day Year 23 19 66
	executer and con remove n any even		WIDOWED DIVORCED 8/23/66 last birthday) Months I	Days Hours Min.
	ficate be execut physician and c in please remov oval, and in any e	du	ring most of working life, even if retired) INDUSTRY Balto Md FATHER'S NAME 14. MQTHER'S MAIDEN NAME	TIZEN OF WHAT UNTRY?
	h certi tending nit. The	1	Dichard Lee Scrumger Chalotte ann Sander 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SECIAL SECURITY NO. 17. INFORMANT Address 16. OF UNKNOWN) (If yes give war or dates of service)	2
	quires that the design physician. Signed by the perial-transit per to burial, cremation		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	IN: The law related or attendital or attendition tificate has be for use as the for use as the formal of Health prior	CERTIFICATION	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH	19. WAS AUTOPSY PERFORMED? YES NO NO
	ig PHYSICIA by the hosp ter this cer be detached tate Dept. c	MEDICAL CER	COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, land) 20f. (City or town) (Countributing of the countributing of the	nty) (State)
•	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the arte director, page 3 should be detached for use as the burial-transit permit should be filed with the State Dept. of Health prior to burial, cremation, or		21. I certify that (I) (this hospital) attended the deceased from $8/23$, 1966 , to $8/23$, 1966 , saw the deceased alive on $8/23$, 1966 , and that death occurred at M, from the causes and on the	that (I) (we) last e date stated above. TE SIGNED 23/66
	5 5	23	REMOVAL (Specify) 8/26/66 Clearly Melto New Out Town 4. JUNERAL DIRECTOR 250. REGISTRAR'S	uld.
	VR A15 (4) 20M 1/65	17	- 213237	ces Judge

28111 Buthins Digit 3002 Baymon am Excelle Rollinic Valent Exter Buby Bay Challette ann Sanders Richard Les Beninger THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF Crewicken Strafele Gender Trade Nort alex Towner 4, Will.

and a second	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	さ まなさ	11124 CERTIFICATE OF DEATH 11112
	after death. the funeral ges 1 and 2 after death,	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	ter feer feer	Baltimore County MARYLAND B. CUNIT, CITY
	urs afte by the Pages ours afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and glyg nearest town) Wilson C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and glyg nearest town) Baltima Bre In 1 2 12 15
	in l	
	icate be executed within 24 hours after death, physician and completely filled in by the funeral notes remove carbon papers. Pages 1 and 2 vallend in any event, within 72 hours after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS on A FARM? yes \(\text{NO PC} \) ves \(\text{NO PC} \)
	ely i	3. NAME OF OECEASEO 3. NAME OF OECEASEO 3. NAME OF OECEASEO 3. NAME OF OECEASEO 4. DATE Month Day Year
	l wit plet carb int, v	(Type or print) ORDER PHICKARY DEATH FUG 26 1966
	con con ove	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	and and remo	WIOWED DIVORCED 17-3-85 40 yrs.
		1Da. USUAL OCCUPATION (Give kind of workdone under the following most of working life, even if retired) 1Db. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	al die	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	ires that the death certifica physician. signed by the attending ph burial-transit permit. Then burial, cremation, or removal	George Seitz Maru
	tendi it. or re	15. WAS DECEASED EVER IN U.S. ARMED/FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	e at permion,	212-10-4955 Records, Mt. Wilson State Hospital
	the by th sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	cian cian ed ted trar	IMMEDIATE CAUSE (a)
	ohysi sign urial uria	Conditions, If any, which (b)
	requires that the ding physician. been signed by the burial-transing to burial-transing to burial, crements.	gave rise to Immediate cause (a), stating the OUE TO
	tend tend las t as t prior	underlying cause last. (c)
	IAN: The law requipital or attending stifficate has been done for use as the of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	N: T tal cal for for T He	YES NO 220a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	cericle cericle ched	
	To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. 'O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town)
	NG by by be compared by the co	Hour a.m. While Not While p.m. 19 at work at work
	ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from 7-/2, 1964, to 5-26, 1966, that (I) (we) last
	ATT reta ccT0 s sho	saw the deceased alive on 19 6, and that death occurred at from the causes and on the date stated above. 22a, SIGNATURE 22b, OATE SIGNED
	DIR Bee	1) MINCOMEN M.O. ATTENDING MED. STAFF DISCOULA STAF
	RAL RAL r, pe	22c. PHTSICTAN'S 22d. AODRESS
	Page 4 may be FUNERAL DIRI	
	Pa Pa Pa Pin	REMOVAL (Specify) c/20/7066 Woodlawn Cornet own Realtimore Md
		24. EUNERAL DIRECTOR AOORESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4)	C. Vernon Lemmon, 4611 Park Heights. Balto. Md. DATE AUG 29 1966 Johnson Judge
	20M 1/65	

48110

4762.2

Salaiseno County Nount Wilherm

Nount Wilson State Hospital

101 . C. or . Records, bt. Wilson, State Hearing

Tim Housewart 19.6., Superintendent - Mount wilson, Maryland -

bu treation wastern content to the law to the content of the conte

	1	PLAC	OF DE	ATU						CERT		11	0 1101					and Bus	1 16 1-1	'Aud'ana	Daaldanas	hafaun an	durinaina)
	1.	a. CO	UNTY	AIII										STATE	IDENC	F (AALIE	ere dece		o, coun		Keziaence	before ad	um(551011)
)				BAL	TIMO	RE					MARYL				MAR	VLA	WD			-			1
		p. CI	TY OR T	OWN (if AL and	outside give nea	corpora rest tov	te limi (n)	its,	c. L	ENGTH O	F STAY I	N 1b	c. CITY	OR TOV	VN (If	outside	e corp	orate IIn	nits, wri	te RURAI	and glv	o neares	st town)
				BAL	TIMO	RE									RAI	TTA	ORE				30	-4	
		d. NA	ME OF	HOSPIT	L OR IN	STITUTIO	ON (if r	not in h	osplta	I, give st	reet add	ress)	d. STRI	ET AOD	RESS		10111			-	16	. IS RES	IDENCE
2		E	ALT	MOR	E CO	UNTY	GEI	VERA	AL H	OSPI	TAI.		330	19 ST	PAUL	DIN	IG A	VENL	IF #1	15	,	ON A F	NO
1	3.	NAME	OF				rst			MIdd				ast		4. D	ATE		Month		Day	Yea	
1		DECE (Type	or prin	t)	SA	RA	SHI	UGAF	?							0	EATH	AUGL	IST 1	15		19	66
ı	5.	SEX	- 63	6.	COLOR O			ARRIEO		VEVER MA	ARRIEO	8.	OATE	OF BIRT	Ή		9.	AGE (In	years	FUNDER	1 YEAR	IF UNDER	R 24 HRS
ı	E	MAI	E	(1)	UTTE		WI	OOWED	N	DIV	ORCED						94	last bir		Months	Days	Hours	Min.
ı	10a	. USUA	L OCCUI	ATION	Give kin	of work	done	10b. F	CIND O	F BUSINE			11. BII	RTHPLA	CE (Cou	unty &	1 / /	or foreign	country)	12. 0	ITIZEN	OF WHAT	
	dur		ISEW:		fe, even	If retire	d)		HON				7	RUSSI	TA					C	OUNTRY LS A	7	
I	13.		IER'S N				- 1	AI	HUIV	1	-		14. MC			N NA	ME			1	DA.		-
1	1	RDI	HAM	710	EWIT.	CVV								RIE			2						
ŀ					INU.S.A		RCES	? 16.	SOCIA	AL SECUR	ITY NO.	17. 1	NFORMA		/ <u>n</u>		•		Address	2			
ı	(Ye	s, no, (r unkowi) (If)	es give war	or dates o	f servic	e)	. 00011	ic occor					-701	MOT	no	270			1 4	177 C 1 / 17	- 44
ı	_\	10											ال ، د	AN C	170	NOC	KG,	3/2	3 10	WANL		/ENUE	
								e per	line for	r (a), (b),			100	0	A.	,	b				INTE	rval bet et <u>a</u> nd i	DEATH
		-	FART 1.	IN	WAS CA MEDIATI	CAUSE	(a)_C	en	en	un	w	The.	May	un	lu	tre	ew				7	dey	5
		0	111			OUE	то	4	/	1	~77		_										
			rise				(b)	M	ex	to e	nle	rele	2										
1			(a),			DUE	TO																
ł	_		lying c		_ ,		(c)																
	2	PART	II. OTHE	RSIGN	FICANT	CONDITIO	ONS CO	NTRIB	UTING	TO DEATH	BUTNO	TRELAT	EO TO TH	IE TERM	INAL DI	SEASE	COND	ITIONG	VEN IN P	PART 1(a)	19.	WAS AU PERFOR	TOPSY MED?
1	ICA																				YE	s 🔲	NO 🗌
1	CERTIFICATION	20a. OR C	ACCIDE	NT WAS	UNDERL CAUSE	YING DEA	TH	20b.	DESCR	IBE HOW	INJURY	OCCUR	REO. (Er	nter nati	ure of	Injury	In Par	t I or Pa	art II of	Item 18	3.)		
		(IF E	THER,	NOTIFY	MEDICA	L EXAMI	NER)																
	MEDICAL	20c.			RY Mon	th, Oay,	Year			OCCURR		e. PLAC	E OF INJ	URY (Ho	me, far	m, 2	Of. (C	ity or to	own)	(Co	unty)	(\$	State)
1	MEO		Hour	a.m. p.m.		19		While at wor	k N	lot While at work		actory	,, 301 661,	O III CO DI	ug., ct	.,							
		21	. I cer		at (I) (t		_			e decea	sed fro	m &	- 12	_	_, 19	6	to 2	8-1	-	196	C th	at (I) (v	ve) las
	4				ed alive		8-1	A	ou till	1961					1 at &	SUA	A. from	n the c	auses a	nd on	he date	stated	above
			SIGNA		2 31140	-	4				, 411	- LITUE		2001100			,				ATE SIG		
					X	?	0.	0	211			M.D.	ATTEN PHYS.	IOING F	T M	IEO.	OR	STAFI	N	5	- ric	-1	
		22c.	PHYSI	CIAN'S		- 4		1	y			171.0.		AODRE		III LOT	J	, 11113	. 92		, 4	-66	,
	İ		NAME	(Type)	DR.	JAG	ER						BA	LTI	MORE	CO	UNT	Y GE	NERA	L HO	SPIT	TAL	
1	23a	. BUI	RIAL, CR	EMATIC	N, 23b.	DATE	THERE	OF	23c	. NAME	OF CEN	ETERY	OR CREA				. LOC	ATION (City, to	wn or co	unty)	(St	tate)
		RE	NOVAL (Specify		*8/						HEE					BAL	TIMO	DRE,	MARI	LAN1)	
	24.		ERAL D		?	0 /	10/1			AOORE		, , , , , , ,		25a.	. REC	O BY				GISTRAR			
		201	17.	THO		2000	_	110	,,	210 F	יד ד פי	TEDC	TOUN	Addi	C 1	6 .	1966	3 1	Cha	rlen	Jud	ge.	
1Ks		SOI		TAIS		RPAS	7	NC.				renc	TOUN					11			'S SIGN	AT	URE

ON PROPERTY AND ADDRESS OF THE PARTY OF THE The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11126 CERTIFICATE OF DEATH deoth. puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COLLINE nin 72 hours after MARYLAND The law requires that the death certificate be executed within 24 hours after Pages b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give pearest town) = d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i YES NO NAME OF pou Middle DATE Lost Month Doy Year DECEASED OF DEATH 16 (Type or print) SEX DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED етоме last birthday) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 1Y. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) INDUSTRY COUNTRY? physician nen please puo MERCHANT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, ORGE WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse prior to lost 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? Heolth p NO this certificate 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot wark 21. I certify that (I) (this haspital) attended the deceased fram , 19 Cole, ta. 1966, that (1) (we) las saw the deceased alive an 20 and 19 66, and that death accurred at M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. PHYS DIRECTOR PHYS. director, poge should be filed 22d., ADDRESS TO HOSPITAL Page 4 may 1 22c. PHYSICIAN'S O FUNERAL NAME (Type) Y 450 } 23o. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)

250. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

24. EUNERAL DIRECTOR

the property of the property o

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND. CERTIFICATE OF DEATH funeral and 2 death executed within 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, 11 Institution; Residence before admission) a. STATE b. COUNTY n and completely filled in by the f remove carbon papers. Pages 1 in any event, within 72 hours after Baltimore Maryland MARYLAND Baltimore CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville davs Baltimore 21234 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO V Shangri-La Nursing Home 1804 Rushley YES 3. NAME OF Middle Last 4. DATE Month Day Year **OECEASED** (Type or print) DEATH 19 Loretta AGE (In years | IF UNDER 1 TEAR | IF UNDER 24 HRS SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | DATE OF BIRTH last birthday) Months I Days Hours WIDOWED T DIVORCED /8 emale 1897 69 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in pe during most of working life, even if retired) INDUSTRY COUNTRY? at home housewife Baltimore II S death certificate Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Young Address John Gerhold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Charles Simon 1804 Rushley Rd INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b); and (c).] OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUF TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. has 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO IL 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 5 r this cert detached MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While at work at work should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 29 60 saw the deceased alive on 19 60: and that death occurred at D.M. from the causes and on the date stated above. SIGNATURE DATE SIGNED 22a. 22b. page **ATTENDING** STAFF uselmi V DIRECTOR M.D. PHYS. PHYS. 4 may O HOSPITAL FUNERAL director, p 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 0 REMOVAL (Specify) Parkwood Cemeterv Buria. Baltimore. Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Home. 1966 VR A15 (4) Brehms Lane 3331 20M 1/65

THE REAL PROPERTY OF THE PROPE . No tropical Line . PA SPERMENT OF THE PROPERTY OF THE PARTY OF A LEW A STREET OF THE PARTY OF property of edertification of the contract of All religion (Only month and respective Art f-32-31) At 13th and 1 the 1st of the 1st AND AND THE STREET OF THE PROPERTY OF THE PARTY OF THE PA Long to the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admirsion) a. COUNTY b. COUNTY Baltimore completely filled in by the ve carbon papers. Pages 1 event, within 72 hours after MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) 12 yrs. Owings Mills Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? Rosewood State Hospital 115 Deep Park NO 3 YES law requires that the death certificate be executed within NAME OF First Middle Last 4. OATE Month Oav Year DECEASED 8 (Type or print) Walter Andrew SIMS DEATH 19 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 7. MARRIEO NEVER MARRIED Months I Days Hours Male White 10-5-41 WIDOWED . DIVORCED Vrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INOUSTRY COUNTRY? Dependent none Montgomery Co., Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME the attending it permit. The Charles Fritz Sims Sylvia Della Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) been signed by the att the burial-transit perm or to burial, cremation, Rosewood Records, Owings Mills, Maryland none CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) **OR ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. dai DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the has be as th prior t underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION certificate has the state of Health p WAS AUTOPSY PERFORMEO? NO TY YES 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be dilled with the State Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 66, that (I) (we) last .19 66, and that death occurred at 10 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNEO page ATTENDING M.D. PHYS. DIRECTOR Page 4 may TO FUNERAL director, pa should be fil 22c. PHYSICIAN'S NAME (Type) AOORESS 22d. Harry utler, M.D. Rosewood State Hospital G. BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) (State) **BEMOVAL** (Specify) REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AOORESS VR AI5 (4) OATE 20M 1/65

11116			183	
			eronia (ni	
	Salaran Maria	v == = 5.0		
	entry and the SEL	tel.	b. 1	
•			2040	
	HILL MIN STELL		mili alim mor	
factorial on	dis to the transfer			
		ŧ		
	a eration			
	Arrell od 5		ediler in years	
		A Avenue		

CILLI			- CSITE
presente Est	de afrest a		erce i i Francisco
			elimmin)
	All avoid lay tic	4°C 36.5	moved deserve
A		TIMB	
	12, 177		olimit almos
A 4	. Bit count First	407 0	ALAme
BS D. N.	agreement have a manager	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	et indes
with all the	ABAY ABAY ABAY ABAY ABAY ABAY ABAY ABAY	a uroficial in the	
	20, 5, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	remental s	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1111

			T-4 T-4
	PLACE OF DEATH COUNTY Balto MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Research b. COUNTY b. COUNTY	esidence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
_	nandalls town	Paltinore	03-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address Baltimore Country General Hospital	3513 Go Ann Drive	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Samuel —	Smith 4. DATE Month OF DEATH 8	Day Year 17 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 8/21/1896 9. AGE (In years IFUNDER: last birthday) Months G yrs.	LYEAR IF UNDER 24 HRS. Days Hours Min.
10a dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR NDUSTRY	17. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
13.	MERCHANT I MAYAMAYAMAN RET	14. MOTHER'S MAJOEN NAME	USA
	Morris Smxh	Kacheologe	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, np, or unknown) (If yes give war or dates of service) 4. WES W. W. 1 NAVY096-03-3684	INFORMANT MRS. SWE SMITH 35)3 JOH	WN DRIVE
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerulial Vusuelay	Hermotorel	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO DUE TO DUE TO DUE TO CC DUE TO DU	7 Ku Blander (unin	10 310.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI		19. WAS AUTOPSY PERFORMED?
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
MEDICAL		ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	nty) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 8 - 17-66 19 and the	7-1/-66, 19 to $8-17-66$ 19 at death occurred at A M, from the causes and on the	
	22a. SIGNATURE	at death occurred at	TE SIGNED
	de Jun M	D. PHYS. DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type) DE JAVR	BALTIMORE COUNTY GEN. HOST	PITAL
23a	REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or cou	
24.	. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	SOL LEVINSON & BROS. INC. 6010 REISTER	STOWN DATE 19 1966 yellanle	Judge.

SILL TOTAL THE STATE OF personner - Lizz-TE ANDVOAU I TO TO THE CONCENTRAL the result was in the property of the

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IS RESIDENCE ON A FARM?

Year

F UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

(County)

22b. DATE SIGNED

8 12 66

(Caunty)

NO

(State)

(State)

Day

12. CITIZEN OF WHAT U.S.A.

IF UNDER 1 YEAR

Months

NO X

CERTIFICATE OF DEATH certificate be executed within 24 haurs after death by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give necrest town) hours 18 MAYS BALTIMORE FORT HOWARD filled in I d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS E 130 NORTH AISQUITE VETERANS ADMINISTRATION MOSPITAL SYLLIDISH NAME OF First Middle 4. DATE Lost Month DECEASED PLLIS Type or print SAMUEL SMITT DEATH AUGUST COL S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED remove dast birthday) 9 10 87 WIDOWED DIVORCED and in any MATE NEGRO pup 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) SMELTING & during most of warking life, even if retired) RECTIONS BALTIMORE, MARYLAND hOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, attending phys MARY STEWART SAMUEL SMITH IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. requires that the death permit. (Yes, na, ar unknown) (If yes give war or dates at service 212 10 1242 CLIN REC., VAH. FT. HOWARD, MARYLAND YES crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARCINOMA OF STOMACH WITH METASTASES signed by DUF TO burial, Canditians, if ony, which gove (b) rise ta immediate couse (a). DUE TO stating the underlying couse as the priar tal attending this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health PULMONARY EDEMA. ACUTE be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) at wark at work O FUNERAL DIRECTOR: After 21. I certify that (t) (this haspital) attended the deceased from JULY 25, AUG. 66, and that death occurred at a. M, fram causes and an the date stated above. saw the deceased alive on AUG. 22a. SIGNATURE STAFF ATTENDING X M.D. DIRECTOR PHYS. director, page shauld be filed be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VA HOSPITAL FORT HOWARD, MARYLAND JOHN D. TALBERT. 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) BURIAL (Specify) 66 16 BALTIMORE, MARYLAND BALTIMORE NATIONAL 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

BALTO.

VR A15 (4) 20 M 1/66

28/20/12/20

ENGLICATE SANTED SHOWER DELEGIA TERMS OF 1 1420 TROP UNISARE THERE ALABORE versus productions persus OF THE AR. SERTEFUL A PETERSEY BALDONS, HAMOUND .A. 8.11 THE PERMIT AND AND ADDRESS OF one of the contract of the con

the state of the s

ward a distribution of the CHARLES TO LIBERTY THE CASE WAS AND THE AVERAGE TO THE CONTROL OF
uniques a la seniorità de la compacta de la compact AND THE REPORT OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) filled in by the funeral popers. Pages 1 and a. COUNTY b. COUNTY o STATE MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Perry Hall Trife erry Hall Maryland e. IS RESIDENC d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) event, within 72 ON A FARM? 9/12/1 Dawn Drive 9821 Dawn Drive YES NO 🔼 4. DATE Middle Month Doy Year 3. NAME OF corbon ond completely OF DEATH DECEASED 19 66 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 11-18-1901 WIDOWED DIVORCED 6 Lyrs 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done offending physicion of permit. Then please rion, or removed, and in COUNTRY? during most of working life, even if retired) INDUSTRY Housewife Perry Hall, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Blucher Agnes Pfiefer 17. INFORMANT Address White Hall. 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 213-34-9280 Mrs Norma Price Box 112A West Liberty Road burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for)(o), (b), ond (c). signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retoined by the hospital or ottending physician. Conditions, if ony, which gave rise to immediate couse (o), DUF TO stoting the underlying couse has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use NO YES certificote 0 203. DESCRIBE HOW INFUR OCCURRED TENTER hoture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work TO FUNERAL DIRECTOR: After 19 (6thot (I) (we) last 21. I certify that (I) (this hespital) attended the deceased from 1966, and that death occurred of ov M. from causes and on the date stoted obove. Tow the deceased glive on 226. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. PHYS. ADDRESS 12c PHYSICIAN'S Page 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION. REMOVAL (Specify) Michaels Cemetery Baltimore 9-3-1966 Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Minutes VR A15 (4) 20 M 1/66 1966 DATE

03111 A STATE OF THE PARTY OF THE PAR

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11121 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission). o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND within 72 haurs after filled in by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 hours af BALTIMORE CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS RIDGEWAY MANOR NURSING HOME 4631 MANORDENE ROAD YES NOX 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED LULA AUG. 22 19 66 W. SPIVEY (Type or print) DEATH and in any event IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED please remove lost birthdoy) Months Doys Hours WIDOWED X WHITE DIVORCED 11/30/85 **FEMALE** 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? MARYLAND hospital work hospital 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, HENRY WALTHER MARGARETTA BECKER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 21229 (Yes, no, or unknown) (If yes give wor or dotes of service) 217017051 DOROTHEA L. MERRYMAN 4631 MANORDENE RDO crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if ony, which gove (b) Abdominal Malignancy, site undetermined rise to immediate couse (o), DUE TO stoting the underlying couse use as the lost. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. of Health NO OK YES Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate After this certificated to use 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While at work of work 19 66 to Aug. , 1966, that (I) (AUDE) last 21. I certify that (1) (this bassium) attended the deceased from July saw the deceased give an Aug. 17 19 66, and that death occurred at 9:15PM, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 8/23/66 M.D. PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (Type) MALLOW HILL RD. 21229 GAVER M.D. LEO 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
BURLAL BALTIMORE, MD. 8/25/66 WESTERN CEMETERY 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 HOWARD H. HUBBARD 4107 WILKENS AVE. 21229

	CAMB TO WATE	MINE 7	* * *
			omena navenje
	TU 1274	the total all	
	T 1080 AT THE W		
•	on education of costs a sector		
			SEX FEEL
		18 1 18 1 18 1 18 1 18 1 1 1 1 1 1 1 1	SCHOOL STATE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11134 law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baktimore o. STATE b. COUNTY MARYLAND Maryland Baltimore signed by the attending physician and campletely filled in by the burial-transit permit. Then please remaye carban papers. Pages burial, cremation, ar remayal, and in any eyent, wynin 72 haurs defined CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 1903 Harrison Rd. YES NO X NAME OF Middle Lost 4. DATE Doy Year DECEASED (Type or print) DEATH Catherine SRNEC if UNDER 1 YEAR 1966 IF UNDER 24 HRS. August S. SEX 7. MARRIEDY 9. AGE (In year 6. COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Hours white female WIDOWED **DIVORCED** 7-6-08 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Maryland A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Louis Kirschenhofer Emma Schneder 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-10-4642 Jerry Srnec 1903 Harrison Rd. Dundalk Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH ca of breast with metastasis of lung IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. Pleural effusion rt. lung DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO te has been s use as the b alth priar to b stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? far use NO X TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 3 shauld be detached with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram August 17, 19, 66, ta August 18, 1966, that (I) (we) last saw the deceased alive an August 18 19,66, and that death accurred at p M, fram causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** 8-18-66 X directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. PHYS 22d. 22c. PHYSICIAN'S Jaime Singzon York Road NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY Emetery 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BUTTAL (Specify) 8/22/66 Moreland Memorial Park Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE AUG 23 John J. Duda 7922 Wise Ave. Dundalk. Md. 1956 Muanten

.35	THE PROPERTY OF PROPERTY	161131
annels_4	a-styne C	
		e tor in the
	nostrinii tiAt-	Et. despressions dens de .13
		ent verified
	Color Bases	forwire builting advect
	06.023/200	Mouseway's
		To fine with all all
Mishaup No accept	lo-1965 Cerry Sines 1903 for	-10
	ani in motorito le	
the four of ancer	Aller St. In 1911 In 1912 In Security of Security Securit	The second of th
	Harris D. Harris N. M.	Day Wall
		and the same of the same of
Polisierre,	Talves and	1 /22/KE 1 / 1 / 27/KE
port of many one	Laboration - DE paraconolis	Tohn J. made SUPP Files Av

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH uneral death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Naryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Baltimore 12 Baltimore 12 Ξ papers. in 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 24 7115 Wardman Road Wardman Road with! within etely pou NAME OF DATE **First** Middle Last Month DECEASED Maurice L. Starkey (Type or print) Sr. DEATH August remove o executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) M 3-31-1898 68 WIDOWED DIVORCED lease re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please be Mgr. -Sonotone Hearing Aid Maruland certificate 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Joseph N. Starkey Margaret Murman 15. WAS DECEASED EVER IN U.S. FIRMLED FORCES (Yes, no, or unknown) (If yes give war or dates of service) 212-03-5 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the attent t permit. 0 death WW Odo C. Starkey cremation, Above in signed by the burial-transit p burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b). been gave rise to Immediate DUE TO cause (a), stating the has be e as the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Not While After at work 70 21. I certify that (I) (this hospital) attended the deceased from 19 OIRECTOR: age 3 should iled with the saw the deceased alive on Secus - 1966 and that death occurred at 3 M. from the causes and on the date stated above. 222 SIGNATURE STAFF ATTENDING M.D. PHYS. DIRECTOR PHYS. pa ᇤ HOSPITAL FUNERAL PHYSICIAN'S 22d. **ADDRESS** irector, property in the property of the prope Robert F. Chenoweth St. Paul St. direc should BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Woodlawn Woodlawn Burial 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE H.W.Jenkins & Sons Co.4905 York Rd. Baltome

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

Day

19

12. CITIZEN OF WHAT COUNTRY?

Days

USA

Months

e. IS RESIDENCE

YES

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?

YES

DATE SIGNED

(County)

22b.

NO V

(State)

(State)

Md

ON A FARM?

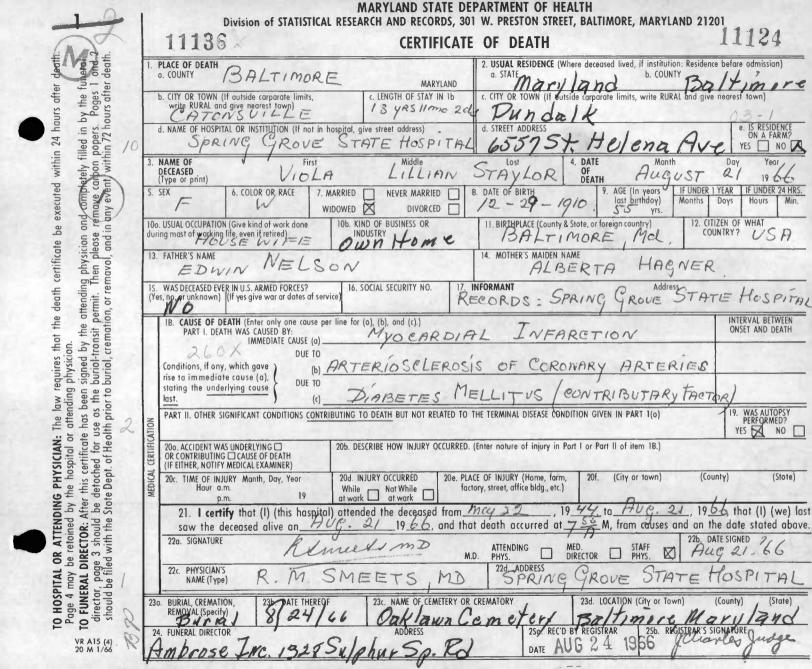
Year

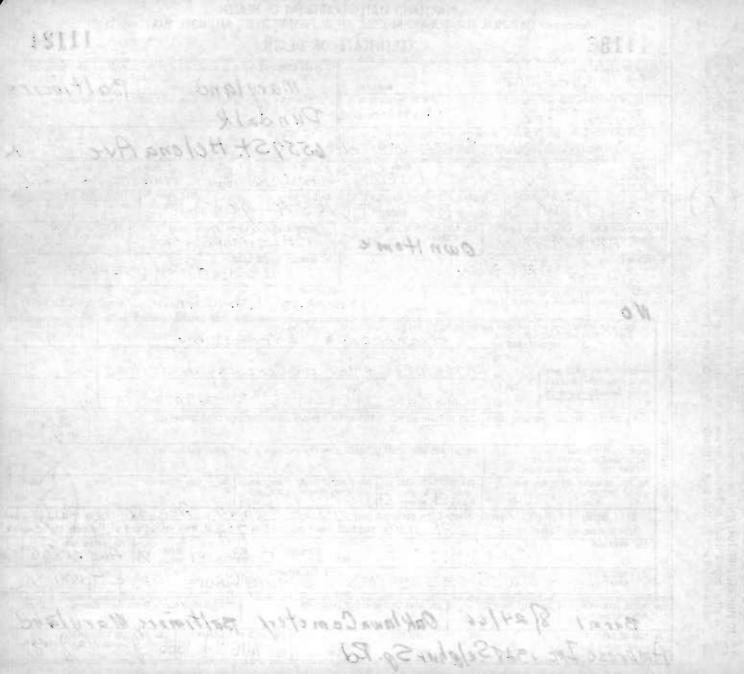
19 66

NO X

VR A.15 (4) 20M 1/65

ATT OF THE PARTY NAMED IN				distribution and	
SIH					6111.
erosts Leg	Desiron			providito	
	s SI West to be			41/a	
	ath manual life	V.		0000 general	
				no transall	
	30	[A			
	banime		bia galence	eantva	-0- Tan y
	- BENEART TRANSPORT				ones.
	Volume 1	. 0 10	M102-00-015		
	abulle Live				
	a Bus las juici		1 Marromed0		
			intra.Copek	10-95-10	ratur. B
	Beet auA	[29, k]	daet doll.e	Jenos Frankl	no k. c. li





111		1919
	bank of	and the second second second
	HOTELINE TO A STATE OF THE STAT	PULLSHOT - Townson I am
	inv vilongos UII	Laftquon dinsent .th
es de		eri w minito
	- 57 4681 36 Frank Finne	The state of the state of
		Testime when the contract of t
M. 60-154		i ellesi svemski din
	.execting yardenly	
- J	nternocetal syccost el interct	Officers of the second
	. Clare to Louis test	in bealtstone (scale granoufer)
A STATE OF THE STA	ania de la composito de la com	ds tempa s
that is held to	Made and the second	

Local and Late Late of the Control of the Boot Provide SCIENCE SEAF The state of the same of the state of the st The second of th . Steam weathing . And wanting the commence THE RESERVE OF THE PARTY OF THE pro-year company years and characters 78/01% [181900 Some College of the Company of the College of the C 0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND funeral and 2 CERTIFICATE OF DEATH hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) . COUNT a. STATE b. COUNTY Balto. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 24 NO T YES within bon p completely NAME OF Middle DATE Month Day Year Last DECEASED (Type or print) DEATH 19 SFX 6. COLOR-OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I **Oavs** Hours any WIOOWEO T DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) physician and ph E 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT pe during most of working life, even if retired) INCUSTRY COUNTRY? death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) CLIVEDEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) been signer the burial-t OHE TO Conditions. If any, which gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health 0 PERFORMEO? YES [NO F the hospital 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) t. of MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work p.m. be retained 21. I certify that (I) (this hospital) attended the deceased from 19 19_ ___ that (I) (we) last . to. saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a, SIGNATURE 22b. OATE SIGNEO MEO. OIRECTOR STAFF PHYS. ATTENDING PHYS. Page 4 may O HOSPITAL PHYSICIAN'S 22d. AOORESS 22c. director, p NAME (Type) BALTIMORE GEN. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) BURIAL REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AOORESS Son 805 N. CALVERT MEARS A15 1/65

STATE OF THE PARTY
Supress 18/81/86 Lingstone 1977 MAR, Santager, Mr.

H. C. Exar & Son 305 W. Carring Sw. - Sile - 1988 Carring Days

The T. S. Cayen 224 Cherrones en.

BALTHORN SO. HEN. HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 ond puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Mary Land o. COUNTY Baltimore b. COUNTY after MARYLAND by the f Poges b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hin 72 hours rural Baltimere d. STREET ADDRESS IS RESIDENCE .⊑ popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) ON A FARM? filled 4117 Buckingham Rd Ridgeway Manor Nurs. Home NODE 3. NAME OF DECEASED Middle 4. DATE Month T.M Lost Doy Year completely Ella Tennyson Aug 66 19 event, DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years 7. MARRIED lost birthday) Months Hours Female White 12-8-1876 dny WIDOWED DC. DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY St. Mary's Co. U.S.A Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph M. Tennyson unknown attending IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 0 217-03- 8863 Joseph Serie 236 Hemevale rd. Reistertewn cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). QNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Poge 4 moy be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been os the 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? Heolth p NO 5 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While ot work ot work , 1966; that (1) (we) las 21. I certify that (1) (this haspital) attended the deceased fram 1 , 19 66., to be ale and that death accurred at 1230 MM, fram causes and an the date stated above 1966 saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE STAFF ATTENDING M.D. DIRECTOR PHYS. directar, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Wm. Goodman 1334 Sulpher Spring Rd. 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a, BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 8-8-66 WoodLawn 250. REC'D BY REGISTRAR 1 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

4					
671.6		ALTERNATION OF THE			riegulia
	Arm			ario mila	
		mous Sale	4.00		usy services
s à lu				ALCK.	
	P.	8781-8-32			Tallacian's
	det ad	e vas .38	m/l		senulated.
	myc	in this		nestane :	i strazali .
rd. Estimates	olevene dês	nical d desin	188 -00-12		
rd. Estavaire. br	eleverek ôls	niced d sad	1998 -(10-712)		
rd. Estimation		nivet d set			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY BANDMORE a. STATE b. COUNTY and 3 to 0 deoth. MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in høspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours ong with form Give Pages 1, NO 24 hours ofter deoth. 3. NAME OF First Middle Last 4 DATE Manth Year OECEASEO 9. AGE (In veors 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR birthdoy) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if refired) COUNTRY? __ n ony 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME HOLMES BRUNS 17. INFORMANT 16. SOCIAL SECURITY NO. Address be executed or removal, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: certificate should Word cremation, DUF TO Conditions, if ony, which gove rise to immediate cause (a). DHF TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter_nature of injury in Port I or Port II of item 1B.) DRAFOED CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) factory, street, affice blda., etc.) FUNERAL DIRECTOR: Poge MD ot work designated 21. I certify that I taok charge of the remains described obove, held an Autopsy Inquiry F Inspection . ond in my opinian death resulted from: Natural causes Accident 4. Suicide 🗌 Hamicide Undetermined manner CHIFF MEDICAL EXAMINER 22. OATE SIGNEO ASSISTANT MEDICAL EXAMINER Health OR CREMATORY 23d. LOCATION (City or Town) 0 REGISTRAD'S SIGNATURE 1966 VR ATSME (5)

200 - 200 - 100 -

death certificate

death.

08111 salding the Mary Land Control of the , and entered the control of the con 2000年111日 - 111日 - 111 Land for the total and the second an

11131						
Mary Town	1, 1			HORIES	A .	
	BALTERIA	3/13			7 (1	
The state of the s	toward NASA		205 24	RATE K	, 7	74-6
O manguage	HE NOSSY			7,		
			Times		1.2	L
		W. newell		E CALCULA	1	
K 1	Market .		MAINER			
ant someones are						
Alling the extractive risks with a						
					Ĩ	
	A TENES LESS		N			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death death. funeral Bulla PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE h. COUNTY after after the Baltimore MARYLAND c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) by the Pages b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b on papers. Pag within 72 hours hours Catonsville .= Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4504 Old Frederick Road Shangri La YES ND K within etely carbon NAME DE Middle Last DATE Month Year DECEASED compl (Type or print) JOHN CONANT TIBRETS DEATH Aug. 2.1966 19 AGE (IM years | If UNDER 1 YEAR | IF UNDER 24 HRS. executed 5. SEX 6. COLOR OR RACE emove 7. MARRIED DATE OF BIRTH 8. NEVER MARRIED last birthday) | Months | and Days Hours Male White WIDOWED [DIVORCED Feb. 7, 1875 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY Retired death certificate B&O R R Grafton W. Va. attending physermit. Then physermit. 13. FATHER'S NAME removal Thomas Tibbets Ella Giffin 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? transit permit. 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. E.H. Tibbets 4504 Old Frederick Road 705-09-1233 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the I-transi ONSET AND DEATH PART 1. DEATH WAS CAUSED BY the hospital or attending physician. IMMEDIATE CAUSE (a signed been signed the burial-tr 422 DUE TO Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating prior underlying cause last. as (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health use certificate PERFORMED? YES ND F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be c While Not While OR ATTENDING I p.m. at work at work DIRECTOR: A age 3 should led with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at_1 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page STAFF MED. 4 may M.D. DIRECTOR HOSPITAL O FUNERAL director, pa shquld be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23b. 23d. LOCATION (City, town or county) (State) 9 REMOVAL (Specify) Burial Mt. View REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS** 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1966 C. Higinbothom, Ellicott City, Md 20M 1/65

PRIFT all transtat Agon Sagraficed his Abea Shancal IA Mastre Rose No. S.R.C. S. 30A BE BE WELL ON THE The state of the section of the state of the state of the state total. watV .dl ayer-1-8 Intend

and the property of the terms of the

funeral s 1 and 2 ter death

VR A15 (4)

CERTIFICATE OF DEATH 11145 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. SIATE Maryland b. COUNTY o. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Baltimore Towson d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? St. Joseph Hospital 2600 North Avenue YES NO T Year August 24 19 66 IF UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In years lost birthdoy) Hours 12. CITIZEN OF WHAT 11. BARTBPLACE (County & Stote, or foreign country) COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Cerebro-vascular hemorrhage, right hemisphere. secondary to Hypertensive cardiovascular disease WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES V NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (Stote) (City or town) (County) August 24 19 00 ta August 2419 Ochat (1) (we) last August 24 19 66, and that death accurred at 8:10 M. fram causes and an the date stated above 22b. DATE SIGNED STAFF PHYS. 2 August 25, 1966 7620 York Rd., Baltimore, Md. 21204 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **EUNERAL DIRECTOR** Musikes

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		ZALINI.
		noneol
epast man		Burney appe .sa
and the state of		The second second second second
	goldini razioni il selezione del nani di la del case no il no di Ro	
	nas ir lauk sak oʻl di Afri Milay kalkan di Arib S	
	nas ir lauk sak oʻl di Afri Milay kalkan di Arib S	
ond with mailine of the property of the proper		
ond with mailtone of the control of		
ond a direction of the second and		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n COUNTY o. STATE Baltimore papers. Pages 1 iin 72 hours ofter MARYLAND Baltimore b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fawn) C. LENGTH OF STAY IN 16 write RURAL and give negrest tawn) Rural - Randallstown Rural - Randallstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) .= d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 h filled i Bex 268 Liberty Read Bex 268 Liberty Read YES NO to carbon 3. NAME OF Middle Last 4 DATE Doy Year DECEASED Lola E. Townsend DEATH Aug. 19 66 (Type or print) SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Haurs F. White 9/20/1878 WIDOWED X DIVORCED physician and control of the physician please remo 10o. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? Housewife None Barlew Penna.

14. MOTHER'S MAIDEN NAME II.S.A 13. FATHER'S NAME removal William H. Black Sarah Stanhaugh 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, ar unknawn) (If yes give war ar dates af service) 0 B. Martin Box 268A Liberty Rd No 217-03-1394 cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital or ottending physician. DUE TO burial, Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause the priorto PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS has PERFORMED? NO certificote 0 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH FUNERAL DIRECTOR: After this certi-irector nade 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram 19 , 19___, that (I) (we) las , ta and that death accurred at_ M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 72g. SIGNATURE ATTENDING STAFF PHYS. director, poge 3 should be filed v DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. William Martin Liberty Read, Randallstown, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION REMOVAL (Specify) Randallstown Md REGISTRAR 25b. REGISTRAR'S SIGNATURE 2 Burial Wardis Chapel 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Lering Byers-8728 Liberty Rd. Randallstown, Mdage AU VR A15 (4) 20 M 1/66 lianely

					fatil
areal. In		. No.		oranida.	
	mwala (Palita)			relutat farmar	I tomas
	har would	100 200		hon yarad	
		a bire inves		918I	
	7	814.1/66/6		##Z11	
r • •	Person.		erni		671176417
	- Agend	Miller al		a'o II	T. STITLE
			a de Talista		

			1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		era er	brank Fest
			PARTER COL
	THIRD IN THE CANED	Latives	distributed and the control of
			THE RESERVE OF THE PARTY OF
			The state of the s
The state of			
4 1 0	desire the arroral flag		the area and a second
	the church authors of		mestal him on
	AND THE RESERVE AND ADDRESS OF THE PARTY OF	The Id. 1911	
The Carlotte	Mile of the Mark of the Market Miles		
2014		Agricultural	
777			
	This is the control of the control o		THE PARTY OF THE P
	the Powership in the Confession of		
		A STATE OF THE STA	
than logarity	The track of the second of the	TURE MAKE	38421-8

Morten & Dvett Funeral Home Baltimore.

11136	STATE OF THE STATE		1114.7
	NASTAND.	BUTALINUS	
	EFFE ALM	D 40 3	POURT PEN
Carri si	10045 188V (OLC 1)	LATERN SCH	ASTRUMENTAL ASTRUMENTAL
Applet 82 ce	man tempt	×	
	Januar 17, 1927 3		oneal ste
26 Alem E Sau	native administration	mayarin Yea	ERESAN
NORMAL W ROSED, IATORO	AN TOTAL SHIPES	af ga Ar one	
	STOTES SHALL STORES	AND TERMS	
		1 20 1 25 min	
	CEASON TROPERAY	.0.7 .00	FOR THE STATE OF
	E. Strate of Constant Brist L. EUAud (1996)	eroninist Provincia Distribution and to	Tolored A medical

MEDICAL EXAMINER'S FOR STATE CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY a. STATE b. COUNTY Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest town) rector. write RURAL and give nearest town) Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7552 Battle Grove Circle he State E 7552 Battle Grove Circle YES NO NAME OF First Middle death. If any Year DECEASED TEO ANTON VANCURA (Typa or print) DEATH August 15 66 19 Wity Train 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with last birthday) pue Months 10/24/1908 male white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Give Pages 1, 2, rm PM3. Page 5 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if rellrad) Supervisor U.S. A. Western Elec. Czechoslovakia pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anton Vancura Anna Bedner event 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yas, no, or unkown) | (Ifyasgive war or detas of servica) hould be executed v
" in pencil in Item 1
Office along with
burial-fransit permi Josephine McDevitt Vancura, wife, above no 6-03-0392 18. CAUSE OF DEATH [Enter only one cause per lige for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (n) DUE TO removal, Conditions, if eny, which gava rise lo Immediate ceuse DUE TO (e), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INVURY OCCURED. Enter neture of injury in Part I or Port II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Not While Hour e.m. et work | et work to th 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion DIRECT death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY EXAMINER'S Dr. Melvin B. Davis NAME (Type) Ridge & (Silver / Hy Bothe A County L. 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) OH 6 940 Burial 8/17/66 Bohemian National Cem Baltimore. Funeral Home. ADDRESS. 24b REGISTRAR'S SIGNATURE VS. AISME 2601 E. Madison St. 5M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TELLI . Description of the contract PART OF THE PART OF AUS 17 Soot Washington

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39 CERTIFICATE OF DEATH 11150 The law requires that the death certificate be executed within 24 haurs after death. in by the funeral ers. Pages 1 and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore Maryland an papers. Pages 1 within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimere 24 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled Veterans Administration Respital 2717 Orleans Street YES NO K 3. NAME OF First Lost DATE please remove taxban Month Year and campletely DECEASED 19 66 CARROLL FRANCIS VICTOR event, August (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Dovs Hours Jan. 17, 1896 and in any Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) OUNTRY? A. attending physician permit. Then please Steres Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Leopold Victor Catherine Walstrum 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 215 09 19 72 Clinical Reds. VA Nespital. Ft Howard. Md. signed by the o INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY BARR WASARA TREMTA IMMEDIATE CAUSE (o) physician. DUE TO Miabetic mephrepathy Unknown Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse attending as the has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION for use State Dept. of Health Preumonia. NO X Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work at work 21. I certify that ((this haspital) attended the deceased fram July 19 66 Aug. 66 hat (X (we) last . ta directar, page 3 should should be filed with the 19 66, and that death accurred at 12:40, fram causes and an the date stated above. saw the deceased alive an Aug. 9 . 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED STAFF 8/9/66 M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S CONTADO L. MANCAO, M.D. NAME (Type) Mespital. Fort Neward. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (Stote) (County) Memoria Moreland Md 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 3000 E

Baltimore. Md

VR A15 (4) 20 M 1/66

John A. Moran Funeral Kome

Laggald Weter

Time Trans

M. L.B.

treat des

prostlett.

Dur				
	Di-	DKT LES		

Entrimore 24

Therth theals SITS

Jam. 17, 1596 10

Nath mare, Maryland

Catherine Walettern

AM Drawer St. Lastquet AV . part Jerinity S

Selementer, richt 15

PRAHOES

Mateil Stores

477

CORNEGO D. MARCAD. 14.D. - TV. Margital, Part Rounds, NA.

. Norma Panagal From Palithmers No.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 hours after death death and completely filled in by the funeral nove corban popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN outside corporote limits, write RURAL and give nearest town) popers. Pag hin 72 hours o write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS 00 within NO IL 3. NAME OF Middle First Lost 4. DATE Doy Year DECEASED BETH 66 Type or print DEATH 19 S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLDR DR RACE 7. MARRIED DATE DE BIRTH IF UNDER 24 HRS remove last birthday) Months Doys Hours Ony DIVDRCED WIDOWED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ond in 11. BIRTHPLACE (County & Stote, or foreign country) pleose during most of working life, even if retired) CDUNTRY? Honsewer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en en D-L 15. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death 16. SOCIAL SECURITY NO 170 NFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY DNSET AND DEATH IMMEDIATE CAUSE (o) physician. DUE TO signed l buriol, Conditions, if ony, which gove rise to immediate couse (a). peen stoting the underlying couse by the hospital or attending the lost. SO WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health O FUNERAL DIRECTOR: After this certificate YES [NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this hospital)-attended the deceased fram. 1965 . 10 19_(1) that (1) (we) last be retained should 60, and that death occurred of 10 50 AM, from causes and on the date stoted abave. sow the deceased dive on 220 SIGNATURE 22b. DATESIGNED ATTENDING director, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 224. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURJAL, CREMATION 23b. DATE THEREOF (County) (Stote) TEMOVAL (Specify) -10-FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 20 M 1/66

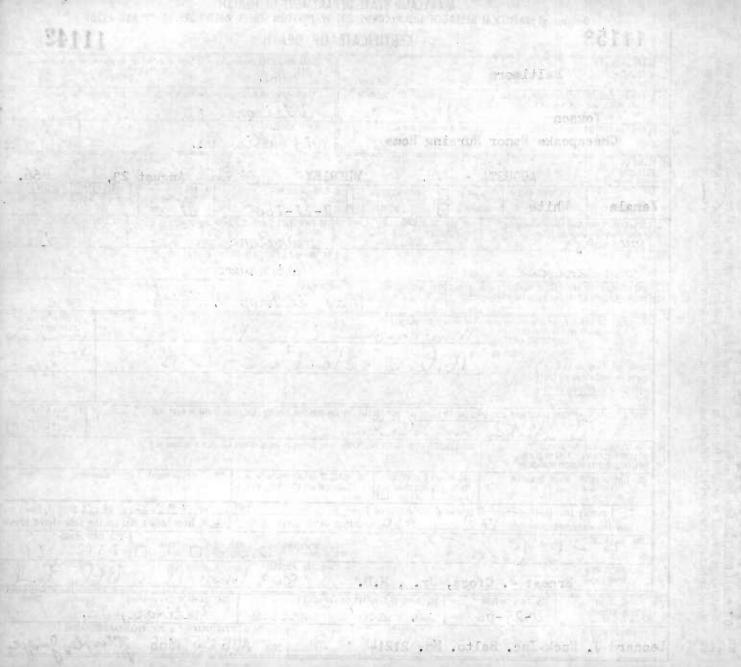
's to the state of		
and the last of th		
		25 W. 10 20 20 20 20 20 20 20 20 20 20 20 20 20
I Service Service Service March	[2,2] Style 34, 7 3 E 7 F 2	
		The second second second
Mary Barrier St. Co.	at he was about the	
The same of the sa		
	a form and a state of the state of the	
A CONTRACTOR OF THE CONTRACTOR		
		Y Company of the Comp
		Section of the sectio
COM ANCHOUSE AND		
BELOW HELD CONTRACT OF THE PARTY.		

	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
FOR STATE	11152 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11141
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before admission)
220 FT	Baltimore Maryland Maryland	
funer funer may b artmer	b. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL a	ind give nearest town)
icessary, e 5 may be Department after death.	Catons ville 20yr9mths9dys Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Sage 10	SPRING GROVE STATE HOSPITAL 14 West Franklin St.	ON A FARM?
	3. NAME OF First Middle Last 14 DATE Month	Oay Year
PM3. PM3. h the St	DECEASED (Type or print) Lillian Walker DEATH August	11 19 66
ive Pages 1, 2 with form P and 2 with event within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IFUNDER 1 Months D	YEAR IF UNDER 24 HRS
Page th for	Temale white WIDOWEO DIVORCEO 12, 1910 50 yrs.	IZEN OF WHAT
ter c Give g wi	waitress Kentucky Kentucky	INTRY?
n 18. G a along pages I in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Item Hiftice File pa	John Walker Nellie Jones	
offin It	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
within 2 pencil in miner's 0 permit. I	unknown 214-40-3486 Records: SPRING GROVE STATE 1 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	HOSPITAL INTERVAL BETWEEN
AMINER: This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, uld be forwarded to the Chief Medical Examiner's Office along with form s. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with gnated agent, prior to burial, cremation, or removal, and in any event within	PART I. DEATH WAS CAUSED BY: Asplyxiation - choked on food	ONSET AND DEATH
I "pending" in "pending" in st Medical Exam by burial-transit is cremation, or it	9217 DUE TO	
pe ey pendi ledic rial-	Conditions, if eny, which gave rise to immediate (b)	
d "sef N	ceuse (a), stating the DUE TO	
ficate shoul the word to the Chief used as a to burial,	(0)	19. WAS AUTOPSY PERFORMEO?
ficate the the the to b	CATI	YES NO
ER: This certificate, writing forwarded to 3 should be agent, prior it	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. CAUSE OF DEATH.	
his of writh ward hould nt, p		ty) (State)
ER: 1 cate, for age	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLCS OF INJURY (Home, farm, 20f. (City or town) (Count Hour, a.m. Hour, a.m. While at work at work to specific shide etc.)	11 1 MA
EXAMINER: de certificate 4 should be fo ur files. COOR: Page 3 cdesignated ag	21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and In my opinion
EXAMI should lifes. TOR: Pay	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner	
20023	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Executation Page of for your RAL DIRE		el de de
DEPUTY ME ease execu rector. Pag trained for FUNERAL DI Health or	EXAMINER'S George M. Kieffer, M.D. Address (Street, city, town, or county)	8-15-66
	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	
Dag: Do	Burial 8/21/66m Jacobs Cemetery Carter Co., Kentuc	
VR AISME (5)	Wm. Cook-Brooks Inc. 1217 St. Paul St. Md. 21202 DATE AUG 2 2 1966 JChan	la Quelas
5M 1/65	Dallimore, Ma. 21202	

ATTHEOR STATE STATE OF THE PROPERTY OF THE PRO e drei Re-man. al outlies Private English of the control of the control s - Boot no basada - huttalizationa Particular Company of the Company of

A SALE OF THE STATE OF THE SALE OF THE SAL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11153 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH physician and campletely filled in by the funeral en please remove carbon papers. Pages 1 and Baltimore b. COUNTY a. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 vithin 72 haurs o write RURAL and give nearest town) Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Chesapeake Manor Nursing Home McKim Ave. NO D 4 DATE the attending physician and the corbon the corporation that the please remove corbon with Middle Manth Doy Year 3. NAME OF First Lost OF DEATH DECEASED AUGUSTA WHERLEY 1966. August 23. (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS 9. AGE (In years S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Manths Days Haurs White Female WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign cauntry) 10a, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Maryland Housewite 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Not known 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) Winthrop W. Smith same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse ar attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 1B.) 20g. ACCIDENT WAS UNDERLYING be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Hame, form, (City ar tawn) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Hour o.m. Not While at work ot work 21. I certify that (I) (this hospital) attended the deceased from Nov 1960, ta 230km, 1960 that (I) (we) last saw the deceased glive on 17 0 m 1960, and that deoth accurred at 4 M, from causes and an the date stated above. 1960, to 23 Olen saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 803 NAME (Type) Ernest S. Cross, Jr., M.D. director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, Baltimore, 8-25-66 emeteru Mary 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR AUG 1966 Leonard J. Ruck Inc. Balto. Md. 21214 DATE



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1	1	1	5	4	
9	ACE	ΔF	DE	ATL		

CERTIFICATE OF DEATH

11143

_							
	PLACE OF DEATH	LTIMORE		MARYLAND	2. USUAL RESIDENCE (Value of STATE	Where deceosed lived, if institution b. COUNTY	
t	b. CITY OR TOWN (I	f outside carporate limits, I give nearest town)	C	LENGTH OF STAY IN 16		utside carporote limits, write RURAL	and give nearest tawn)
	ORT HOWA			37 DAYS	BALTIMORE		30-4
(d. NAME OF HOSPITA	AL OR INSTITUTION (If nat in	haspital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
VE	TERANS A	DMINISTRATION	MOSPI	TAL	916 WEST 1	UNIVERSITY PKWY	YES NO NO
	NAME OF	First	19 86	Middle	Last	4. DATE Manth	Day Year
	DECEASED (Type or print)	CHAI	IES	F	WHITLOCK	OF DEATH AUG	UST 12 19 66
S. S	SEX	6. COLOR OR RACE 7.	MARRIED 3	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS.
	MALE	WHITE	WIDOWED _	DIVORCED	2 5 08	last birthdoy) 58 yrs.	Manths Days Hours Min.
10a. duri	. USUAL OCCUPATION no most of working	(Give kind of work done life, even if retired)	INDIIS	OF BUSINESS OR STRY E ROAD COMM.	11. BIRTHPLACE (Caunty	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME		74.144	3 210120 00121.	14. MOTHER'S MAIDEN I	NAME	U. D. A.
W	ENRY C.	WITHT OOK					
		R IN U.S. ARMED FORCES?	16,500	IAL SECURITY NO. 17.	ROSYLN R.	ASLN	
(Yes	s, na, or unknown)	(If yes give wor or dotes of se	vice)				
1	T S	WW-11			LILIN. REC., V	AM, FT. HOWARD,	
		ATH (Enter only one couse p 'H WAS CAUSED BY:			LINFARCTION		2 ON SEAM DEATH
1	TAKI I. DEAT	IMMEDIATE CAUSE (a) .	ACUT	E MICCARDIA	L INPARCTION		2 days
	4201	DUE TO					
	Conditions, if ony,						
	rise to immediate						
	last.	(c)	ARTE	RIOSCLEROTIO	C MEART DISEA	ASE	Unknown
ATION	PART II. OTHER SIG		RIBUTING TO D	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURRED). (Enter noture of injury in	Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJU Haur a.n p.n	10	20d. INJUR While at wark	Not While fo	LACE OF INJURY (Home, farm actary, street, office bldg., etc.)		(County) (Stote)
	21. I certif	fy that (1) (this haspite eceased alive an	al) attended	the deceased fram_ 19. <mark>66</mark> , and th	July 6	9 66 , ta Aug. 12 A. M, fram causes an	_, 19 <u>66,</u> that (K (we) last an the date stated above
	22a. SIGNATURE	heilon	he's	2	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 8/13/66
	22c. PHYSICIAN'S NAME (Type)	NEILON NEI	LSON,	M.D.	VA Rospit	tal, Fort Moward	i, Maryland
	BURIAL, CREMATIC			23c. NAME OF CEMETERY O		Baltimore, M	
24.	. FUNERAL DIRECTO	R	Wm	. Cook, Inc.	25A UEG		TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 4 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4)

47 63	2	,

Ny 2.

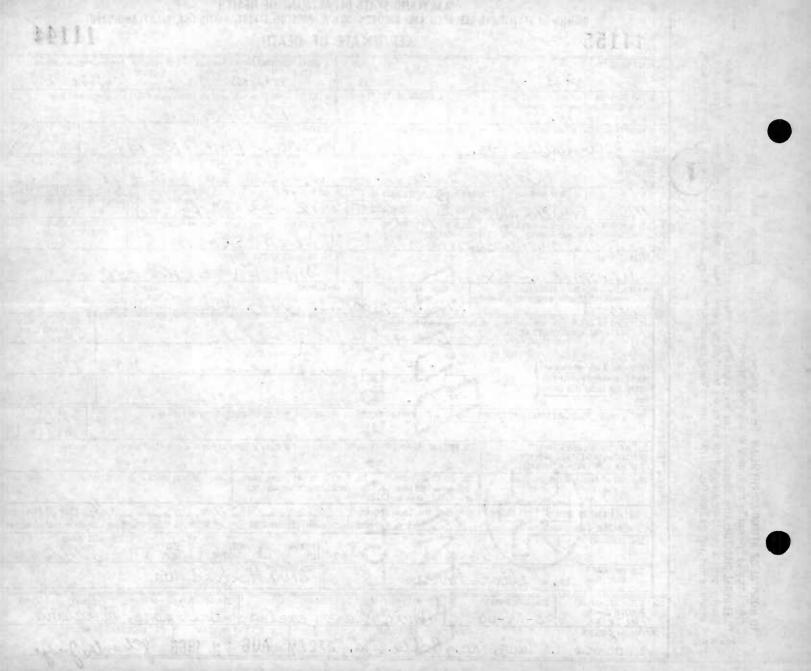
DATETIAN SECTION EVAC VC OFATOR IMPORTOR ATERNAS ADMINISTRATION ROBERTAL 910 JUNEAU INFORMATION AND A STATE OF THE STATE OF SI TERROR SE ZOARAN SE PRIMARS LINESTERNE COLL. .A .8 .V 21 3 1011 THE THE THE THE CALL TAND, MAY OF 188 . WAY . AND THE SECONDS AND THE THORSE THE STATE OF THE WAY STATE newshill the state of the state

THE PRINCE WHITE M. D. TOWN CORP. Fort Reverd. Margund.

footby " , ercelifes | Faither mostules

und door I door

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11155 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and campletely filled in by the funeral remave carbon papers. Pages 1 and o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ARKVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X Middle NAME OF First Lost DATE Month Dov DECEASED LESLIE WIZES (Type or print) DEATH IF UNDER 1 YEAR SFX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Dovs 6-12-DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? NOVA SCOTIA SUPERVISOR BALTO GASAELEC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JUD50N INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Same 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse as the priar to O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work (1944, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from march. 1957, to 11 19 66, and that death accurred at 11 M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S director, pur Harford Road NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Irwid Ridge Baltimore, Maryland emeteru 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ruck, Inc., Balto., Md. DATAUG 21214 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11156 11145 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Baltimore New Jersey b. COUNTY 0 death MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) pup PM3 after Swedesboro Departr lowson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? farm loseph's Hospital 8. Give Pages YES NO K Office along with NAME OF Middle 4 DATE Month Doy Year DECEASED he August 14, 1966 (Type or print) DEATH 19 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3 lost birthdoy) Months Dovs Hours haurs WIDOWED DIVORCED event N yrs. tem pup 100. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired)

Pecial Services Div 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYP 24 New Jersey any C pages in any 13 FATHER'S NAME pencil be executed within Marguerite Sharpham pup File 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. removal, Family Records es Active 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 IMMEDIATE CAUSE (o) This certificate shauld writing the ward crematian, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO 0 stoting the underlying couse lost. burial used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO 0 pe 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of injury in Port I or Port II of item 18.) 3 shauld agent, priar should EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dow. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) fortory, street, office bldg., etc.) Hour o.m FUNERAL DIRECTOR: Page While Not While ot work designated 21. I certify that I taak charge at the remains described above, held an Autapsy Inspection and in my apinion death resulted from: Natural causes Accident 4 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY pe 9 **DEPUTY MEDICAL EXAMINER EXAMINER'S** F.O'Donnell, M.D. Charles Health NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 Removal Burial Aug. Bethel Methodist (emeterur Delaware Lewes. 24 FUNERAL DIRECTOR Sons, Towson, Maryland 250 BEGISTRAP'S SIGNATURE VR A15ME (5) 6M 1/66

\$111	2 - Company of the Artist Company of the Art	
saut vac		
	Construction of the contract o	
85.7		

TO THE MICH. IS NOT SHALL AND ADDRESS.

The ALTRI ALL RESERVED IN

SECOND OF THE PARTY OF THE PART

CALLED THE BESTER CONTROL OF CO. D.C.

11111

out the first the second of th

The state of the s

STORY ON A. SOUL TO, MID. TO SO SOULA, SOUR ROWED, MAKENDE

egos unio do dos exempleos

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY TIMONO MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, BALTIMORE papers. iin 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS e. IS RESIDENCE ON A FARM? OUEENSBERRY AVENUE YES NO executed within DATE Month Day Year DECEASED OF DEATH (Type or print) 1966 SEX 6. COLOR OR RACE AGE (In years I FUNOER 1 YEAR IF UNOER 24 HRS ove, 7. MARRIED NEVER MARRIED last birthday) Months | Oavs WIOOWEO . OLVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) that the death certificate be during most of working life, even if retired) COUNTRY? AT-HOME LISA a631 a 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME MENTAL STRUMENTALLY CINON HYKNOWN --15. WAS DECEASED YER IN U.S. ARMED FORCES?
(Yes, no, or unkown) VIf yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT -Address MR. SAMUEL YOSPA. 5800 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ial-transit i ONSET AND DEATH PART I. OEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) certificate has been signed hed for use as the burial-tra t. of Health prior to burial, cr 420 **OUE TO** Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMEO? NO [20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of I CAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. WED J FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State - Not While at work p.m. at work aley 11 21. I certify that (I) (this hospital) attended the deceased from 19 6 that (I) (we) last and that death occurred at 125 CM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. OATE SIGNEO ATTENOING DIRECTOR 22c. PHYSICIAN'S 22d. ADORESS NAME (Type) GENERAL HOSPITAL COUNTY BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) BALTIMORE. MARYLAND BURTAI 24. FUNERAL OIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE & BROS. INC. 600 REISTERSTOWN VR A15 (4) 20M 1/65

SPILI Burinson Co. gras Hospi KATIE 17 116.6 La reason TOTAL STREET, AND LEVEL 2 VANISHED HE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11160 CERTIFICATE OF DEATH funeral s 1 and 2 fer death, requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH Baltimore o. STATE b. COUNTY Maryland propletely filled in by the fur ye carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore Burne and give nearest town) Baltimore 21213 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 3642 Kenyon Ave. St. Joseph Hospital YES NO TO 3. NAME OF Middle 4. DATE DECEASED (Type or print) J. George Zellinger August 1966 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED burial-transit permit. Then please/remaye burial, crematian, ar remayal, and in any evi lost birthdoy) Months Hours October 26, 1901 Male White WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? I-Chase Steel Co. Maryland attending physician sermit. Then please TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Zellinger Lena Rodenberg 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no prunknown) (If yes give wor or dotes of service) Mrs. Catherine Zellinger (Same) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Congestive heart failure IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic heart disease. Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta Bronchogenic carcinoma with metastasis to brain 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the hospital ar att Page 4 may be retained by the hospital ar att To FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use CERTIFICATION NO SC 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram August 2. , 19 66, to August 13, 19 66 that (I) (we) last saw the deceased alive an August 13, 19 66, and that death accurred at 11:05M, fram causes and an the date stated above. 22h. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. August 13, 1966 M.D. 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd., Baltimore, Md. 21204 NAME (Type) Jaime Singzon, M.D. 23c. NAME OF CEMETERY OR CREMATORY
Oaklawn Cemetery 23d. LOCATION (City or Town)
Baltimore, Md. (County) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION, 8/16/66. 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)

, 1		
E2121		1911
	LET COLLEGE	
	. ave motion sing a visit	Liligned described
a Marie Person	are the state of t	
	per les apecies e la	arth late
		il-AIO
weldness		Cincles (271)
(arect)	Armilia minada Armina collingur	0/
	the fair fair william	
	The state of the second of the second of the	
The state of	alle Man Jos hat for an explosive of a postor	
	prior of the second second of the control of the co	
		and of the same
		Remarks with the second
State of the second	ertfild gradenal mr frag	Tankan alla salah
	And Challes and Asset .	to fall out fresh the bearing

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11167 CERTIFICATE OF DEATH and 2 signed by the attending physician and completely filled in by the funeral burial-transit permit. Then plotse remove carban papers. Pages I and burial, cremation, ar removal, and ibony event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore a. COUNTY a. STATE b. COUNTY Maryland MARYLAND Baltimore requires that the death certificate be executed within 24 haurs after completely filled in by the tr b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c, LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 3 DAYS Baltimore 21 206 Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM? 912 Rosedale Ave. St. Joseph Hospital YES NO T 3. NAME OF Middle 4. DATE Year Day DECEASED George Ziegler August 26 19 66 Henry DEATH (Type ar print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Male White Days Haurs 9-1-07 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if refired)
Owner- Propriotor Mobile USA COUNTRY? Lunch Tr. Balto., Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Carback Harry Ziegler 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) 213-05-7868 Jennie Ziegler 912 Rosedale Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Hepatic coma Page 4 moy be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave (b) portal cirrhosis of liver. rise ta immediate cause (a), DUE TO stating the underlying cause priar ta l O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION with the State Dept. of Health YES X NO Renal insufficiency: pulmonary edema.

ACCIDENT WAS UNDERLYING | 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark 00 to 21. I certify that (4) (this hospital) ottended the deceased fram Aug. 25, 19 66 that (We) last Aug. 20 Aug. 26, 19 66, and that death occurred at 4:30 Am, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING Aug. 26,1966 director, page 3 shauld be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Road, Balto., Md. 4 Reynaldo Orjuela-Gomez, M.D. NAME (Type 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) 8/29/66 Gardens of Faith Cem. Balto Co. Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Dippel Brothers Inc. Belair Rd AUG 29 1966